

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 854240

**Entity Name:** HERITAGE INDEMNITY COMPANY

**Current Principal Place of Business:**

7125 W. JEFFERSON AVE.  
SUITE 200  
LAKEWOOD, CO 80235

**Current Mailing Address:**

7125 W. JEFFERSON AVE.  
SUITE 200  
LAKEWOOD, CO 80235

**FEI Number:** 95-3553435

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name CHALMERS, JAMES A  
Address 7125 W. JEFFERSON AVE.  
SUITE 200  
City-State-Zip: LAKEWOOD CO 80235

Title S  
Name BERMAN, JAY H  
Address 7125 W. JEFFERSON AVE.  
SUITE 200  
City-State-Zip: LAKEWOOD CO 80235

Title D  
Name KATAFIAS, WILLIAM J  
Address 7125 W. JEFFERSON AVE.  
SUITE 200  
City-State-Zip: LAKEWOOD CO 80235

Title D  
Name WILMOT, JONATHAN J  
Address 7125 W. JEFFERSON AVE.  
SUITE 200  
City-State-Zip: LAKEWOOD CO 80235

Title D  
Name FLEISCHER, JEFFREY R  
Address 7125 W. JEFFERSON AVE.  
SUITE 200  
City-State-Zip: LAKEWOOD CO 80235

Title T  
Name HAUPTMAN, SEAN P  
Address 7125 W. JEFFERSON AVE.  
SUITE 200  
City-State-Zip: LAKEWOOD CO 80235

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JAY H BERMAN

**SECRETARY**

04/24/2013

Electronic Signature of Signing Officer/Director Detail

Date