

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 854240

**FILED
Apr 25, 2015
Secretary of State
CC7702375874**

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

04/25/2015

Electronic Signature of Signing Officer/Director Detail

Date