

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 854240

**Entity Name:** HERITAGE INDEMNITY COMPANY

**Current Principal Place of Business:**

17771 COWAN  
SUITE 100  
IRVINE, CA 92614

**Current Mailing Address:**

7125 WEST JEFFERSON AVENUE  
SUITE 100  
LAKEWOOD, CO 80235 US

**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:** JUDITH REYES

03/20/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name FISCH , SUSAN  
Address 59 MAIDEN LANE, 43RD FL  
City-State-Zip: NEW YORK NY 10038

Title CHIEF ACTUARY  
Name MAYER , JEFFREY  
Address 59 MAIDEN LANE, 43RD FL  
City-State-Zip: NEW YORK NY 10038

Title ASSISTANT SECRETARY, VICE  
PRESIDENT  
Name MOSES , BARRY  
Address 800 SUPERIOR AVE E, 21ST FL  
City-State-Zip: CLEVELAND OH 44114

Title DIRECTOR, TREASURER  
Name SCHLACHTER , HARRY  
Address 59 MAIDEN LANE, 43RD FL  
City-State-Zip: NEW YORK NY 10038

Title DIRECTOR, SECRETARY  
Name UNGAR , STEPHEN  
Address 59 MAIDEN LANE, 43RD FL  
City-State-Zip: NEW YORK NY 10038

Title PRESIDENT  
Name FOY, CHRISTOPHER  
Address 59 MAIDEN LANE  
43RD FL  
City-State-Zip: NEW YORK CT 06489

*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:** STEPHEN B UNGAR

SECRETARY

03/20/2020

Electronic Signature of Signing Officer/Director Detail

Date