

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

*date*

FILED  
May 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **854240** (9)  
1. Corporation Name  
**HERITAGE INDEMNITY COMPANY**

Principal Place of Business <b>30851 W. AGOURA RD. AGOURA HILLS CA 91301</b>	Mailing Address <b>30851 W. AGOURA RD. AGOURA HILLS CA 91301-4312</b>
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2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

3. Date Incorporated or Qualified <b>09/30/1982</b>	3a. Date of Last Report <b>06/20/1996</b>
4. FEI Number <b>95-3553435</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**PRENTICE-HALL CORPORATION SYSTEM, INC.  
110 NORTH MAGNOLIA STREET  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

B1. Name
B2. Street Address (P.O. Box Number is Not Acceptable)
B3.
B4. City
B5. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>METCALF, MARC G.</b>
STREET ADDRESS	<b>3001 SUMMER ST</b>
CITY-ST-ZIP	<b>STAMFORD CT 06927</b>
TITLE	<b>VSD</b> <input type="checkbox"/> DELETE
NAME	<b>OWENS, JAMES J.</b>
STREET ADDRESS	<b>30851 W. AGOURA RD.</b>
CITY-ST-ZIP	<b>AGOURA HILLS CA</b>
TITLE	<b>VTSD</b> <input type="checkbox"/> DELETE
NAME	<b>CARR, KEVIN M</b>
STREET ADDRESS	<b>30851 W AGOURA RD</b>
CITY-ST-ZIP	<b>AGOURA HILLS CA</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>BOSTIC, E. DAVID</b>
STREET ADDRESS	<b>30851 W. AGOURA RD.</b>
CITY-ST-ZIP	<b>AGOURA HILLS CA</b>
TITLE	<b>VPC</b> <input type="checkbox"/> DELETE
NAME	<b>YAMANAKA, LAURA F.</b>
STREET ADDRESS	<b>23958 S COLUMBIA CT</b>
CITY-ST-ZIP	<b>VALENCIA CA 91355</b>
TITLE	<b>SVPD</b> <input type="checkbox"/> DELETE
NAME	<b>BERGMANN, RICHARD W.</b>
STREET ADDRESS	<b>4931 MATILJA AVE</b>
CITY-ST-ZIP	<b>SHERMAN OAKS CA 91423</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>A. LOUIS PARKER</b>
1.3 STREET ADDRESS	<b>30851 W. AGOURA RD</b>
1.4 CITY-ST-ZIP	<b>AGOURA HILLS, CA 91301</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** *[Signature]* **4/28/97** **215-953-3184**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day in Phone #

CR2E034 (9/96)