

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

FILED

Mar 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 854240 (9)

1. Corporation Name
HERITAGE INDEMNITY COMPANY



Principal Place of Business 30851 W. AGOURA RD. AGOURA HILLS CA 91301	Mailing Address 30851 W. AGOURA RD. AGOURA HILLS CA 91301
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/30/1982	
21. Suite, Apt #, etc	26. Suite, Apt #, etc.	4. FEI Number 95-3553435		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PRENTICE-HALL CORPORATION SYSTEM, INC. 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City	FL	85. 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD PARKER, A L 30851 W AGOURA RD AGOURA HILLS CA	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VSD OWENS, JAMES J. 30851 W. AGOURA RD. AGOURA HILLS CA	<input type="checkbox"/> DELETE	1.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	VTSD CARR, KEVIN M 30851 W AGOURA RD AGOURA HILLS CA	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	PD BOSTIC, E. DAVID 30851 W. AGOURA RD. AGOURA HILLS CA	<input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
	VPC YAMANAKA, LAURA F. 23958 S COLUMBIA CT VALENCIA CA 91355	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
	SVPD BERGMANN, RICHARD W. 4931 MATILJA AVE SHERMAN OAKS CA 91423	<input type="checkbox"/> DELETE	2.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
			2.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
			2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
			3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
			3.2 NAME STEPHEN C. FRANCIS
			3.3 STREET ADDRESS
			3.4 CITY-ST-ZIP
			4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			4.2 NAME RICHARD B. SALMON
			4.3 STREET ADDRESS 30851 W. AGOURA RD.
			4.4 CITY-ST-ZIP AGOURA HILLS, CA 91301
			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
			5.2 NAME MIYUKI FUJITANI
			5.3 STREET ADDRESS 30851 W. AGOURA RD.
			5.4 CITY-ST-ZIP AGOURA HILLS, CA 91301
			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 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 trustee 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: _____ **3/4/98 215-953-3184**

CR2E034 (10/97)