

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED. MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

99 OCT 15 AM 8:45

DOCUMENT # 854240

1. Corporation Name  
 HERITAGE INDEMNITY COMPANY

Principal Place of Business Mailing Address  
 30851 W. AGOURA RD. 30851 W. AGOURA RD.  
 AGOURA HILLS CA 91301 AGOURA HILLS CA 91301

09-01-99 90005 008 \$550.00  
 DO NOT WRITE IN THIS SPACE

21	2. Principal Place of Business	2a	Mailing Address	4.	FBI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		95-8553435	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
23	Zip	28	Country	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country	29	Zip	7.	This corporation owes the current year Intangible Personal Property.	Yes No
		30	Country			

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		INSURANCE COMMISSIONER Florida Dept. of Insurance State Treasurer's Office - State Capitol Tallahassee FL 32399-0300	

11. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD PARKER, A L	1.1 TITLE	PD
NAME	30851 W AGOURA RD	1.2 NAME	Munson, Daniel C.
STREET ADDRESS	AGOURA HILLS CA	1.3 STREET ADDRESS	30851 Agoura Road
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Agoura Hills, CA 91301
TITLE	VSD OWENS, JAMES J.	2.1 TITLE	
NAME	30851 W. AGOURA RD.	2.2 NAME	
STREET ADDRESS	AGOURA HILLS CA	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VTSD FRANCIS, STEPHEN C	3.1 TITLE	Controller, Treasurer
NAME	30851 W AGOURA RD	3.2 NAME	Patricia Hemley
STREET ADDRESS	AGOURA HILLS CA	3.3 STREET ADDRESS	30851 Agoura Road
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Agoura Hills, CA 91301
TITLE	VD SALMON, RICHARD B	4.1 TITLE	
NAME	30851 W AGOURA RD	4.2 NAME	
STREET ADDRESS	AGOURA HILLS CA 91301	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	VD FUJITANI, MIYUKI	5.1 TITLE	VD
NAME	23958 S COLUMBIA CT	5.2 NAME	Fujitani, Miyuki
STREET ADDRESS	VALENCIA CA 91355	5.3 STREET ADDRESS	30851 Agoura Road
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Agoura Hills, CA 91301
TITLE	SVPD BERGMANN, RICHARD W.	6.1 TITLE	SVPD
NAME	4931 MATILJA AVE	6.2 NAME	Bergmann, Richard W.
STREET ADDRESS	SHERMAN OAKS CA 91423	6.3 STREET ADDRESS	30851 Agoura Road
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Agoura Hills, CA 91301

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 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 amendment with an address.

SIGNATURE: \_\_\_\_\_ James J. Owens 818 889-2520