

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2002 8:00 am
Secretary of State

0615081 AT

DOCUMENT # 854240

1. Entity Name
HERITAGE INDEMNITY COMPANY

04-26-2002 90017 026 ***150.00

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

Mailing Address
30851 W. AGOURA RD.
AGOURA HILLS CA 91301



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
7125 W. Jefferson Ave.
 Suite, Apt. #, etc.
Suite 200

DO NOT WRITE IN THIS SPACE

City & State
Lakewood, CO

4. FEI Number
95-3553435

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Zip Country Zip Country
80235 USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MUNSON, DANIEL C 30851 AGOURA ROAD AGOURA HILLS CA 91301	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			P/D/C James E. Slavik 7125 W. Jefferson Ave., Ste. 200 Lakewood, CO 80235
			<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD OWENS, JAMES J 30851 W. AGOURA RD. AGOURA HILLS CA	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			V James J. Owens 30851 Agoura Rd. Agoura Hills, CA 91301
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT HEMLEY, PATRICIA 30851 AGOURA RD AGOURA HILLS CA 91301	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			T Robert E. Parzick 7125 W. Jefferson Ave., Ste. 200, Lkwd. CO
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD LUSK, KIRK H 30851 W AGOURA RD AGOURA HILLS CA 91301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			D Kirk H. Lusk 7125 W. Jefferson Ave., Ste. 200 Lakewood, CO 80235
			<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FUJITANI, MIYUKI 30851 AGOURA HILLS AGOURA HILLS CA 91301	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			V/D Jeffrey J. Adams 7125 W. Jefferson Ave., Ste. 200 Lakewood, CO 80235
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD BERGMANN, RICHARD W 30851 AGOURA HILLS AGOURA HILLS CA 91301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			D/V
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)

Attachment Dec#

85-4240

837575

Heritage Indemnity Company

Document Number 854240

Officers and Directors:

James D. O'Malley (D) 7125 W. Jefferson Ave., Ste. 200, Lakewood, CO 80235
Timothy L. Schilling (D/V) 7125 W. Jefferson Ave., Ste 200, Lakewood, CO 80235
Jay H. Berman (D/VP) 500 Virginia Dr., Ft. Washington, PA 19034
Glenn L. Joppa (S) 500 Virginia Dr., Ft. Washington, PA 19034
Thomas W. Casey (V) 6620 W. Broad St., Richmond, VA 23230
Brenda Lacenski Daglish (V) 6604 W. Broad St., Richmond, VA 23230
Richard G. Fucci (V) 6604 W. Broad St., Richmond, VA 23230
Stephen Wasulko (V) 30851 Agoura Rd., Agoura Hills, CA 91301