

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000005405 (5)**

1. Corporation Name

AMERICAN CONTRACTORS INDEMNITY COMPANY



Principal Place of Business

9841 AIRPORT BLVD
SUITE 1414
LOS ANGELES CA 90045
US

Mailing Address

9841 AIRPORT BLVD
1414
LOS ANGELES CA 90045
US

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

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300

3. Date Incorporated or Qualified	10/18/1994	3a. Date of Last Report	02/14/1995
4. FEI Number	95-4290651	Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 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		

10. Name and Address of New Registered Agent

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 607.1602, 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, Sections 607.0502, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12																																																																																																																																				
<table border="1"> <tr> <td>TITLE</td> <td>C</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>BAUMGARTEN, SKIPPER G</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1232 SAN VICENTE BLVD.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SANTA MONICA CA 90404</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>LEVINE, WILLIAM</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>211 SPAULDING DR., #604</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BEVERLY HILLS CA 90212</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>PEARL, ERWIN B</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2502 CAMINO REAL</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALM SPRINGS CA 92262</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>BACCALA, WILLIAM P</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>22350 MCNAB RANCH ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>UKIAH CA 95482</td> <td></td> </tr> <tr> <td>TITLE</td> <td>PD</td> <td><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>MCKENNA, EDWARD J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>716 INDIANA CT., #40</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>EL SEGUNDO CA</td> <td></td> </tr> <tr> <td>TITLE</td> <td>STD</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>BAUMGARTEN, ALBERT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1535 LOMA VISTA DR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BEVERLY HILLS CA 90210</td> <td></td> </tr> </table>	TITLE	C	<input type="checkbox"/> DELETE	NAME	BAUMGARTEN, SKIPPER G		STREET ADDRESS	1232 SAN VICENTE BLVD.		CITY-ST-ZIP	SANTA MONICA CA 90404		TITLE	D	<input type="checkbox"/> DELETE	NAME	LEVINE, WILLIAM		STREET ADDRESS	211 SPAULDING DR., #604		CITY-ST-ZIP	BEVERLY HILLS CA 90212		TITLE	D	<input type="checkbox"/> DELETE	NAME	PEARL, ERWIN B		STREET ADDRESS	2502 CAMINO REAL		CITY-ST-ZIP	PALM SPRINGS CA 92262		TITLE	D	<input type="checkbox"/> DELETE	NAME	BACCALA, WILLIAM P		STREET ADDRESS	22350 MCNAB RANCH ROAD		CITY-ST-ZIP	UKIAH CA 95482		TITLE	PD	<input checked="" type="checkbox"/> DELETE	NAME	MCKENNA, EDWARD J		STREET ADDRESS	716 INDIANA CT., #40		CITY-ST-ZIP	EL SEGUNDO CA		TITLE	STD	<input type="checkbox"/> DELETE	NAME	BAUMGARTEN, ALBERT		STREET ADDRESS	1535 LOMA VISTA DR.		CITY-ST-ZIP	BEVERLY HILLS CA 90210		<table border="1"> <tr> <td>1. TITLE</td> <td>CP</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>2. NAME</td> <td>Baumgarten, Skipper G</td> <td></td> </tr> <tr> <td>3. STREET ADDRESS</td> <td>1232 San Vicente Blvd.</td> <td></td> </tr> <tr> <td>4. CITY-ST-ZIP</td> <td>Santa Monica, CA 90404</td> <td></td> </tr> <tr> <td>5. TITLE</td> <td>D</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>6. NAME</td> <td>Faust, Andy T</td> <td></td> </tr> <tr> <td>7. STREET ADDRESS</td> <td>2205 Thomasville Road</td> <td></td> </tr> <tr> <td>8. CITY-ST-ZIP</td> <td>Tallahassee, Fla. 32312</td> <td></td> </tr> <tr> <td>9. TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>10. NAME</td> <td></td> <td></td> </tr> <tr> <td>11. STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>12. CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>13. TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>14. NAME</td> <td></td> <td></td> </tr> <tr> <td>15. STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>16. CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>17. TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>18. NAME</td> <td></td> <td></td> </tr> <tr> <td>19. STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>20. CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	1. TITLE	CP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2. NAME	Baumgarten, Skipper G		3. STREET ADDRESS	1232 San Vicente Blvd.		4. CITY-ST-ZIP	Santa Monica, CA 90404		5. TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	6. NAME	Faust, Andy T		7. STREET ADDRESS	2205 Thomasville Road		8. CITY-ST-ZIP	Tallahassee, Fla. 32312		9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	10. NAME			11. STREET ADDRESS			12. CITY-ST-ZIP			13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	14. NAME			15. STREET ADDRESS			16. CITY-ST-ZIP			17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	18. NAME			19. STREET ADDRESS			20. CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> DELETE																																																																																																																																			
NAME	BAUMGARTEN, SKIPPER G																																																																																																																																				
STREET ADDRESS	1232 SAN VICENTE BLVD.																																																																																																																																				
CITY-ST-ZIP	SANTA MONICA CA 90404																																																																																																																																				
TITLE	D	<input type="checkbox"/> DELETE																																																																																																																																			
NAME	LEVINE, WILLIAM																																																																																																																																				
STREET ADDRESS	211 SPAULDING DR., #604																																																																																																																																				
CITY-ST-ZIP	BEVERLY HILLS CA 90212																																																																																																																																				
TITLE	D	<input type="checkbox"/> DELETE																																																																																																																																			
NAME	PEARL, ERWIN B																																																																																																																																				
STREET ADDRESS	2502 CAMINO REAL																																																																																																																																				
CITY-ST-ZIP	PALM SPRINGS CA 92262																																																																																																																																				
TITLE	D	<input type="checkbox"/> DELETE																																																																																																																																			
NAME	BACCALA, WILLIAM P																																																																																																																																				
STREET ADDRESS	22350 MCNAB RANCH ROAD																																																																																																																																				
CITY-ST-ZIP	UKIAH CA 95482																																																																																																																																				
TITLE	PD	<input checked="" type="checkbox"/> DELETE																																																																																																																																			
NAME	MCKENNA, EDWARD J																																																																																																																																				
STREET ADDRESS	716 INDIANA CT., #40																																																																																																																																				
CITY-ST-ZIP	EL SEGUNDO CA																																																																																																																																				
TITLE	STD	<input type="checkbox"/> DELETE																																																																																																																																			
NAME	BAUMGARTEN, ALBERT																																																																																																																																				
STREET ADDRESS	1535 LOMA VISTA DR.																																																																																																																																				
CITY-ST-ZIP	BEVERLY HILLS CA 90210																																																																																																																																				
1. TITLE	CP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																			
2. NAME	Baumgarten, Skipper G																																																																																																																																				
3. STREET ADDRESS	1232 San Vicente Blvd.																																																																																																																																				
4. CITY-ST-ZIP	Santa Monica, CA 90404																																																																																																																																				
5. TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																																																																																																																																			
6. NAME	Faust, Andy T																																																																																																																																				
7. STREET ADDRESS	2205 Thomasville Road																																																																																																																																				
8. CITY-ST-ZIP	Tallahassee, Fla. 32312																																																																																																																																				
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																			
10. NAME																																																																																																																																					
11. STREET ADDRESS																																																																																																																																					
12. CITY-ST-ZIP																																																																																																																																					
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																			
14. NAME																																																																																																																																					
15. STREET ADDRESS																																																																																																																																					
16. CITY-ST-ZIP																																																																																																																																					
17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																			
18. NAME																																																																																																																																					
19. STREET ADDRESS																																																																																																																																					
20. CITY-ST-ZIP																																																																																																																																					

14. I do hereby certify that the information supplied with this filing is a true and correct statement and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information contained in this report is not of a confidential nature and is not exempt from public access. I also certify that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation, I am a registered agent, or authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: **Skipper G. Baumgarten**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 5, 1996 (310)649-0990

CR2E034 (12/95)