

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

FILED
Feb 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 90045-5428 US
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2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29	3. Date Incorporated or Qualified 10/18/1994 3a. Date of Last Report 04/12/1996 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
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9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER CAPITOL TALLAHASSEE FL 32399-0300	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
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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	CP BAUMGARTEN, SKIPPER G 1232 SAN VICENTE BLVD SANTA MONICA CA	1.1 TITLE	C Baumgarten, Skipper G. 1232 San Vicente Blvd. Santa Monica, CA 90404
NAME	BAUMGARTEN, SKIPPER G	1.2 NAME	Baumgarten, Skipper G.
STREET ADDRESS	1232 SAN VICENTE BLVD	1.3 STREET ADDRESS	1232 San Vicente Blvd.
CITY - ST - ZIP	SANTA MONICA CA	1.4 CITY - ST - ZIP	Santa Monica, CA 90404
TITLE	D	2.1 TITLE	
NAME	LEVINE, WILLIAM	2.2 NAME	
STREET ADDRESS	211 SPAULDING DR., #604	2.3 STREET ADDRESS	
CITY - ST - ZIP	BEVERLY HILLS CA 90212	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	
NAME	PEARL, ERWIN B	3.2 NAME	
STREET ADDRESS	2502 CAMINO REAL	3.3 STREET ADDRESS	
CITY - ST - ZIP	PALM SPRINGS CA 92262	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	
NAME	BACCALA, WILLIAM P	4.2 NAME	
STREET ADDRESS	22350 MCNAB RANCH ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	UKIAH CA 95482	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	DP
NAME	FAUST, ANDY T	5.2 NAME	Faust, Andy T.
STREET ADDRESS	2205 THOMASVILLE RD	5.3 STREET ADDRESS	2205 Thomasville Rd.
CITY - ST - ZIP	TALLAHASSEE FL	5.4 CITY - ST - ZIP	Tallahassee, FL 32312
TITLE	STD	6.1 TITLE	
NAME	BAUMGARTEN, ALBERT	6.2 NAME	
STREET ADDRESS	1535 LOMA VISTA DR.	6.3 STREET ADDRESS	
CITY - ST - ZIP	BEVERLY HILLS CA 90210	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 19.07(3)(c), 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: **Andy T. Faust / President**  2/20/97 (310)649-0990
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)