

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

FILED
Mar 11 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 # 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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/18/1994		4. FEI Number 95-4290651		Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
23 Zip	28 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		
24 Zip	25 Country	29 Zip	30 Country	

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

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	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUMGARTEN, SKIPPER G	1.2 NAME	
STREET ADDRESS	1232 SAN VECENTE BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA MONICA CA	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	DP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAUST, ANDY T	5.2 NAME	
STREET ADDRESS	2205 THOMASVILLE RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	
TITLE	STO <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 attachment with an address.

SIGNATURE: *James H. Ferguson* James H. Ferguson, V.P. 2/27/98 (310)649-0990

CR2E034 (10/97)