

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

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**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90040 046 \*\*\*150.00

UDS-SCM

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000005405**

1. Corporation Name  
**AMERICAN CONTRACTORS INDEMNITY COMPANY**

Principal Place of Business <b>9841 AIRPORT BLVD                  SUITE 1414                  LOS ANGELES CA 90045                  US</b>	Mailing Address <b>9841 AIRPORT BLVD                  1414                  LOS ANGELES CA 90045                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified <b>10/18/1994</b>	Applied For
4. FEI Number <b>95-4290651</b>	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	<b>BAUMGARTEN, SKIPPER G</b>	
STREET ADDRESS	<b>1232 SAN VECENTE BLVD</b>	
CITY-ST-ZIP	<b>SANTA MONICA CA</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>LEVINE, WILLIAM</b>	
STREET ADDRESS	<b>211 SPAULDING DR., #604</b>	
CITY-ST-ZIP	<b>BEVERLY HILLS CA 90212</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>PEARL, ERWIN B</b>	
STREET ADDRESS	<b>2502 CAMINO REAL</b>	
CITY-ST-ZIP	<b>PALM SPRINGS CA 92262</b>	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<b>BACCALA, WILLIAM P</b>	
STREET ADDRESS	<b>22350 MCNAB RANCH ROAD</b>	
CITY-ST-ZIP	<b>UKIAH CA 95482</b>	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	<b>FAUST, ANDY T</b>	
STREET ADDRESS	<b>2205 THOMASVILLE RD</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	<b>BAUMGARTEN, ALBERT</b>	
STREET ADDRESS	<b>1535 LOMA VISTA DR.</b>	
CITY-ST-ZIP	<b>BEVERLY HILLS CA 90210</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Ron Berger</b>
4.3 STREET ADDRESS	<b>7700 N.E. Ambassador Place</b>
4.4 CITY-ST-ZIP	<b>One Airport Center Portland, OR 97220</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: James H. Ferguson James H. Ferguson V.P. 2/8/99 (310) 649-0990  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)