

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90040 023 ***150.00

DOCUMENT # F94000005405

1. Entity 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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9841 Airport Blvd. Suite, Apt. #, etc. 9th Floor City & State Los Angeles, CA	3. Mailing Address 9841 Airport Blvd. Suite, Apt. #, etc. 9th Floor City & State Los Angeles, CA
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4. FEI Number 95-4290651	Applied For <input type="checkbox"/> Not Applicable
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Zip 90045	Country U.S.A.	Zip 90045	Country U.S.A.
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**INSURANCE COMMISSIONER
 CAPITOL
 TALLAHASSEE FL 32399-0300**

7. Name and Address of New Registered Agent
 Name
Ilona M. Faust
 Street Address (P.O. Box Number is Not Acceptable)
2205 Thomasville Road
 City
Tallahassee **FL** Zip Code
32312

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 *Ilona M. Faust* **Ilona M. Faust** **1/13/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BAUMGARTEN, SKIPPER G 1232 SAN VECENTE BLVD SANTA MONICA CA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVINE, WILLIAM 211 SPAULDING DR., #604 BEVERLY HILLS CA 90212	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEARL, ERWIN B 2502 CAMINO REAL PALM SPRINGS CA 92262	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERGER, RON 7700 N.E. AMBASSADOR PORTLAND OR 97220	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FAUST, ANDY T 2205 THOMASVILLE RD TALLAHASSEE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BAUMGARTEN, ALBERT 1535 LOMA VISTA DR. BEVERLY HILLS CA 90210	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *James H. Ferguson* **James H. Ferguson, Sec/Tres.** **1/15/00** **(310) 649-0990**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)