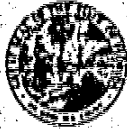


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 22 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 814791 (0)

1. Corporation Name
INDUSTRIAL INDEMNITY COMPANY

Principal Place of Business: 255 CALIFORNIA ST, CNO561 TAX DEPT., SAN FRANCISCO CA 94111 US
Mailing Address: P O BOX 7468 N/A, CNO561 TAX DEPT., SAN FRANCISCO CA 94120 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/13/1960
3a. Date of Last Report: 04/27/1994

4. FEI Number: 54-1032958
Applied For: Not Applicable:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

ARDEN JR, HAMILTON G
2911 CARDINAL DR
VERO BEACH FL 32963

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 agent 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	POD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUCCINELLI, R A	1.2 NAME	
STREET ADDRESS	116 SILVERWOOD DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAFAYETT CA	1.4 CITY-ST-ZIP	
TITLE	EVPO	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, J.D.	2.2 NAME	
STREET ADDRESS	6 MERRILL DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MORAGA CA	2.4 CITY-ST-ZIP	
TITLE	SVPC	3.1 TITLE	DIRECTOR, TREASURER and SENIOR VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAFFER, J R	3.2 NAME	
STREET ADDRESS	316 LOWELL LANE WEST	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAFAYETTE CA	3.4 CITY-ST-ZIP	
TITLE	SVPS	4.1 TITLE	DIRECTOR, SENIOR VICE PRESIDENT and SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASSANEGO, M J	4.2 NAME	
STREET ADDRESS	838 CAPAUCHINO	4.3 STREET ADDRESS	
CITY-ST-ZIP	MILLBRAE CA	4.4 CITY-ST-ZIP	
TITLE	VPD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUDGE, W J	5.2 NAME	
STREET ADDRESS	727 ULLOA STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA	5.4 CITY-ST-ZIP	
TITLE	VPD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYER, R E	6.2 NAME	
STREET ADDRESS	25 BANBRIDGE PLACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PLEASANT HILL CA	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), 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: M J Cassanego (M.J.C.) 16, 1995 (415) 627-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FLORIDA DEPARTMENT OF STATE

CORPORATION ANNUAL REPORT - 1995

INDUSTRIAL INDEMNITY COMPANY

ADDITIONAL DIRECTOR

JOHN A. IGOE

Director

**Senior Vice President and
Chief Administrative Officer**

**583 Point San Pedro Road
San Rafael, CA 94901**