

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

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PROFIT CORPORATION
 ANNUAL REPORT
 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **814791** (0)
 1. Corporation Name
INDUSTRIAL INDEMNITY COMPANY



Principal Place of Business: **255 CALIFORNIA ST, CN0561 TAX DEPT., SAN FRANCISCO CA 94111 US**
 Mailing Address: **P O BOX 7468 N/A, CN0561 TAX DEPT., SAN FRANCISCO CA 94120 US**

3. Date Incorporated or Qualified: **10/13/1960**
 3a. Date of Last Report: **03/22/1995**
 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] Suite, Apt. #, etc: [22] City & State: [23] Zip: [24] Country: [25]
 2a. Mailing Address: [26] Suite, Apt. #, etc: [27] City & State: [28] Zip: [29] Country: [30]

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: **FL** []

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: []

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC	11 TITLE	D
NAME	PUCCINELLI, R A	12 NAME	
STREET ADDRESS	116 SILVERWOOD DR	13 STREET ADDRESS	
CITY-ST-ZIP	LAFAYETTE CA	14 CITY-ST-ZIP	
TITLE	EVPD	21 TITLE	D/C/P/CEO
NAME	MILLER, J.D.	22 NAME	
STREET ADDRESS	6 MERRILL DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	MORAGA CA	24 CITY-ST-ZIP	
TITLE	DTVP	31 TITLE	
NAME	SHAFFER, J R	32 NAME	
STREET ADDRESS	316 LOWELL LANE WEST	33 STREET ADDRESS	
CITY-ST-ZIP	LAFAYETTE CA	34 CITY-ST-ZIP	
TITLE	DVPS	41 TITLE	
NAME	CASSANEGO, M J	42 NAME	
STREET ADDRESS	838 CAPAUCHINO	43 STREET ADDRESS	
CITY-ST-ZIP	MILLBRAE CA	44 CITY-ST-ZIP	
TITLE	VPD	51 TITLE	
NAME	MUDGE, W J	52 NAME	
STREET ADDRESS	727 ULLOA STREET	53 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA	54 CITY-ST-ZIP	
TITLE	VPD	61 TITLE	
NAME	MEYER, R E	62 NAME	
STREET ADDRESS	25 BANBRIDGE PLACE	63 STREET ADDRESS	
CITY-ST-ZIP	PLEASANT HILL CA	64 CITY-ST-ZIP	

Change: Addition:

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 119.07(3)(k), 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 617, 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* June 11, 1996 (415) 627-5000
 SENIOR VICE PRESIDENT, SECRETARY, DIRECTOR

CR2E034 (3/96)

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ADDITIONAL DIRECTORS:

Jeffrey S. Harris
Director
Senior Vice President
386 Ricahrdson Way
Mill Valley, CA 94941

John A. Igoe
Director
Senior Vice President
Chief Financial Officer
Chief Administrative Officer
583 Point San Pedro Road
San Rafael, CA 94901

Linda W. Short
Director
Senior Vice President
27 Muir Avenue
Piedmont, CA 94610

Charles E. Wilcox
Director
Senior Vice President
28 Brookside Court
Novato, CA 94947