


8-8-97 B 8140 C

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
 Aug 08 1997 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/13/1960</b>	3a. Date of Last Report <b>06/17/1996</b>
4. FEI Number <b>54-1032958</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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	

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

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PUCCINELLI, R A</b>	
STREET ADDRESS	<b>116 SILVERWOOD DR</b>	
CITY-ST-ZIP	<b>LAFAYETT CA</b>	
TITLE	<b>OPC</b>	<input type="checkbox"/> DELETE
NAME	<b>MILLER, J.D.</b>	
STREET ADDRESS	<b>6 MERRILL DRIVE</b>	
CITY-ST-ZIP	<b>MORAGA CA</b>	
TITLE	<b>OTVP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SHAFFER, J R</b>	
STREET ADDRESS	<b>316 LOWELL LANE WEST</b>	
CITY-ST-ZIP	<b>LAFAYETTE CA</b>	
TITLE	<b>DVPS</b>	<input type="checkbox"/> DELETE
NAME	<b>CASSANEGO, M J</b>	
STREET ADDRESS	<b>838 CAPAUCHINO</b>	
CITY-ST-ZIP	<b>MILLBRAE CA</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>MUDGE, W J</b>	
STREET ADDRESS	<b>727 ULLOA STREET</b>	
CITY-ST-ZIP	<b>SAN FRANCISCO CA</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>MEYER, R E</b>	
STREET ADDRESS	<b>25 BANBRIDGE PLACE</b>	
CITY-ST-ZIP	<b>PLEASANT HILL CA</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 checked="" type="checkbox"/> Addition
3.2 NAME	<b>T or CFO/D/Sn.VP</b>
3.3 STREET ADDRESS	<b>QUICK, C. A.</b>
3.4 CITY-ST-ZIP	<b>66 PASEO MIRASOL</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<b>TIBURON, CA</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 do 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: **MSA** **NOT REQUIRED** **11/2/97** **(415) 432-5000**

CR2E034 (4/97)

**FLORIDA DEPARTMENT OF STATE**

**1997 PROFIT CORPORATION ANNUAL REPORT**

**INDUSTRIAL INDEMNITY COMPANY**

**ADDITIONAL DIRECTORS:**

JEFFREY S. HARRIS  
DIRECTOR  
SENIOR VICE PRESIDENT  
386 RICHARDSON WAY  
MILL VALLEY, CA 94941

JOHN A. IGOE  
DIRECTOR  
SENIOR VICE PRESIDENT  
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