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Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90087 016 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 814791

1. Corporation Name  
INDUSTRIAL INDEMNITY COMPANY

Principal Place of Business: 500 NORTH BRAND BLVD. GLENDALE CA 91203-3392 US  
Mailing Address: 500 NORTH BRAND BLVD. GLENDALE CA 91203-3392 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country  
2a. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

3. Date Incorporated or Qualified: 10/13/1960  
4. FEI Number: 54-1032958 Applied For: Not Applicable  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$5.00 May Be Added to Fees  
8. This corporation owes the current year Intangible Personal Property Tax: Yes No

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: State Insurance Commissioner of Florida 82 Street Address: The Capitol Building 83 Tallahassee 84 City: Tallahassee FL 85 Zip Code: 32301

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: 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	DC <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINTYRE, J.A.	1.2 NAME
STREET ADDRESS	2020 SANTA MONICA BLVD.	1.3 STREET ADDRESS
CITY-ST-ZIP	SANTA MONICA CA 90404	1.4 CITY-ST-ZIP
TITLE	DPCE <input checked="" type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITTLE, J.E.	2.2 NAME
STREET ADDRESS	500 NORTH BRAND BLVD.	2.3 STREET ADDRESS
CITY-ST-ZIP	GLENDALE CA 91203	2.4 CITY-ST-ZIP
TITLE	DVAT <input type="checkbox"/> DELETE	3.1 TITLE DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRODEN, R.A.	3.2 NAME
STREET ADDRESS	500 NORTH BRAND BLVD.	3.3 STREET ADDRESS
CITY-ST-ZIP	GLENDALE CA 91203	3.4 CITY-ST-ZIP
TITLE	DVP <input type="checkbox"/> DELETE	4.1 TITLE DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMPINO, L.J.	4.2 NAME
STREET ADDRESS	2020 SANTA MONICA BLVD.	4.3 STREET ADDRESS
CITY-ST-ZIP	SANTA MONICA CA 90404	4.4 CITY-ST-ZIP
TITLE	DVPT <input type="checkbox"/> DELETE	5.1 TITLE DVT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, W.R.	5.2 NAME
STREET ADDRESS	2020 SANTA MONICA BLVD.	5.3 STREET ADDRESS
CITY-ST-ZIP	SANTA MONICA CA 90404	5.4 CITY-ST-ZIP
TITLE	SSVP <input type="checkbox"/> DELETE	6.1 TITLE SV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMPSON, A.B.	6.2 NAME
STREET ADDRESS	500 NORTH BRAND BLVD.	6.3 STREET ADDRESS
CITY-ST-ZIP	GLENDALE CA 91203	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: Allison B. Simpson, Secretary Allison B. Simpson 4/21/99 818-549-4700

CR2E034 (1/98)