

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90003 002 ***150.00

DOCUMENT # 814791

1. Entity Name

FREMONT INDUSTRIAL INDEMNITY COMPANY

Principal Place of Business

Mailing Address

500 NORTH BRAND BLVD.
 GLENDALE CA 91203-3392
 US

500 NORTH BRAND BLVD.
 GLENDALE CA 91203-1923
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

94-1032958

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 _____

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DC** Delete
 NAME **MCINTYRE, J.A.**
 STREET ADDRESS **2020 SANTA MONICA BLVD.**
 CITY-ST-ZIP **SANTA MONICA CA 90404**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DV** Delete
 NAME **GRODEN, R.A.**
 STREET ADDRESS **500 NORTH BRAND BLVD.**
 CITY-ST-ZIP **GLENDALE CA 91203**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DP** Delete
 NAME **RAMPINO, L.J.**
 STREET ADDRESS **2020 SANTA MONICA BLVD.**
 CITY-ST-ZIP **SANTA MONICA CA 90404**

TITLE **PD** Change Addition
 NAME **O'HARA, W. BRIAN**
 STREET ADDRESS **500 N. BRAND BLVD.**
 CITY-ST-ZIP **GLENDALE, CA 91203**

TITLE **DVT** Delete
 NAME **BAILEY, W.R.**
 STREET ADDRESS **2020 SANTA MONICA BLVD.**
 CITY-ST-ZIP **SANTA MONICA CA 90404**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SV** Delete
 NAME **SIMPSON, A.B.**
 STREET ADDRESS **500 NORTH BRAND BLVD.**
 CITY-ST-ZIP **GLENDALE CA 91203**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 an office like empowered.

SIGNATURE: Allyson B. Simpson, Secretary
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00
 Date

818-549-4600
 Daytime Phone #

CR2E034 (9/99)

PROFIT CORPORATION ANNUAL REPORT 1999



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

Attachment

OH 814791
718412

DOCUMENT # 814791

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	2a. Mailing Address	4. FEI Number	Applied For
	26	54-1032958 94-1032958	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	28	<input type="checkbox"/>	
Zip Country	Zip Country	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No
25	29		

3. Date Incorporated or Qualified
10/13/1960

81 Name	State Insurance Commissioner of Florida
82 Street Address (P.O. Box Number is Not Acceptable)	The Capitol Building
83 City	Tallahassee
84 City	FL 85 Zip Code 32301

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 ?

In 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