

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 814791
 1. Entity Name
FREMONT INDUSTRIAL INDEMNITY COMPANY

FILED
 01 AUG 10 PM 4:28
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 051540

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



DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent
ARDEN JR, HAMILTON G
2911 CARDINAL DR
VERO BEACH FL 32963

7. Name and Address of New Registered Agent
 Name
State Insurance Commissioner of Florida
 Street Address (P.O. Box Number is Not Acceptable)
The Capitol Building
 City State Zip Code
Tallahassee FL 32399

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC MCINTYRE, J.A. <input type="checkbox"/> Delete 2020 SANTA MONICA BLVD. SANTA MONICA CA 90404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GRODEN, R.A. <input checked="" type="checkbox"/> Delete 500 NORTH BRAND BLVD. GLENDALE CA 91203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT BAILEY, W.R. <input type="checkbox"/> Delete 2020 SANTA MONICA BLVD. SANTA MONICA CA 90404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV SIMPSON, A.B. <input type="checkbox"/> Delete 500 NORTH BRAND BLVD. GLENDALE CA 91203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD O'HARA, W. BRIAN <input type="checkbox"/> Delete 500 N. BRAND BLVD GLENDALE CA 91203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D & VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Louis J. Rampino 2020 Santa Monica Blvd., 6th FL Santa Monica, CA 90404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D & VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Raymond G. Meyers 2020 Santa Monica Blvd., 6th FL Santa Monica, CA 90404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D & Executive VP, CFO & Asst. T <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition John A. Donaldson (from box #2 500 North Brand Blvd. Groden) Glendale, CA 91203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, VP & Asst. Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Alan W. Faigin 2020 Santa Monica Blvd. 6th FL Santa Monica, CA 90404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: Allyson B. Simpson, Secretary *Allyson B. Simpson* 25/01 818-549-4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

LTS



Fremont Comp
Fremont Compensation Insurance Group

Ms. Polk's Direct Line:
(818) 552-3877
fax (818) 549-4626
email cpolk@fremontcomp.com

August 6, 2001

Karen Beyer
Annual Reports Section
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

RE: Fremont Industrial Indemnity Company ("FIIC")
Your Reference number 814791

Dear Ms. Beyer:

We have been advised by the Division of Corporations that the filing of the 2001 uniform business report for the referenced company has not been made. We are being urged to file and pay a large late fee.

Enclosed are copies of our correspondence back in May. The person with whom I spoke could cite a copy of your May 22 letter but appeared to have no record of my May 31 letter or the correspondence from the Florida Department of Insurance.

Please review your files and advise if there is anything further we must do to get this filing approved.

Thank you for your help.

Very truly yours,

Carol Polk
Legal Services Manager

Enclosures



Fremont Comp

Fremont Compensation Insurance Group

Ms. Polk's Direct Line:
(818) 552-3877
fax (818) 549-4626
email cpolk@fremontcomp.com

May 31, 2001

Karen Beyer
Annual Reports Section
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

RE: Fremont Industrial Indemnity Company ("FIIC")
Your Reference number 814791

Dear Ms. Beyer:

Enclosed with a copy of your correspondence of May 22, 2001 and the copy of the annual business report for FIIC that you returned to us is a copy of a fax to you from Pam Edenfield of the Florida Department of Insurance indicating that designation of the Insurance Commissioner as FIIC's registered agent is to be accepted. It is included at her direction so that you can accept the change on the business report. Thank you for your assistance in this matter.

Very truly yours,

Carol Polk
Legal Services Manager

Enclosures