

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # 848168 (1)
1. Corporation Name
FREMONT INDEMNITY COMPANY



Principal Place of Business Mailing Address
**500 NORTH BRAND BOULEVARD, SUITE 600
GLENDALE CA 91203-7254** **500 NORTH BRAND BOULEVARD, SUITE 600
GLENDALE CA 91203-7254**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country 30 Country

3. Date Incorporated or Qualified **02/04/1981** 3a. Date of Last Report **06/20/1995**
4. FEI Number **95-2100437** 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

**STATE INSURANCE COMMISSIONER OF FLORIDA
THE CAPITOL BUILDING
TALLAHASSEE FL 32301**

9. Name and Address of Current 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

Signature, type or print name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
1.1 TITLE ☐ DELETE
NAME **V FAIGIN, ALAN W**
STREET ADDRESS **2020 SANTA MONICA, 6 FL**
CITY-ST-ZIP **SANTA MONICA CA**
1.2 TITLE ☒ DELETE
NAME **S LIEBER, EDWARD J.**
STREET ADDRESS **500 N. BRAND BLVD, S-600**
CITY-ST-ZIP **GLENDALE CA**
1.3 TITLE ☐ DELETE
NAME **D RAMPINO, LOUIS J.**
STREET ADDRESS **2020 SANTA MONICA, 6 FL**
CITY-ST-ZIP **SANTA MONICA CA**
1.4 TITLE ☐ DELETE
NAME **P COFFENG, HANS**
STREET ADDRESS **2020 SANTA MONICA BLVD., 6FL**
CITY-ST-ZIP **SANTA MONICA CA**
1.5 TITLE ☐ DELETE
NAME **CD MCINTYRE, JAMES ALBERT**
STREET ADDRESS **2020 SANTA MONICA, 6 FL**
CITY-ST-ZIP **SAN MONICA CA**
1.6 TITLE ☐ DELETE
NAME **T BAILEY, WAYNE**
STREET ADDRESS **2020 SANTA MONICA, 6 FL**
CITY-ST-ZIP **SANTA MONICA CA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE **V/S** ☒ Change ☐ Addition
1.2 NAME **FAIGIN, ALAN W.**
1.3 STREET ADDRESS **2020 SANTA MONICA, 6FL**
1.4 CITY-ST-ZIP **SANTA MONICA, CA 90404**
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE: Alan W. Faigin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 2, 1996 (310) 315-3902
Date Daytime Phone #

CR2E034 (12/95)