

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
500 NORTH BRAND BOULEVARD, SUITE 600
GLENDALE CA 91203-7254

Mailing Address
500 NORTH BRAND BOULEVARD, SUITE 600
GLENDALE CA 91203-1923

3. Date Incorporated or Qualified
02/04/1981

3a. Date of Last Report
02/09/1996

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STATE INSURANCE COMMISSIONER OF FLORIDA
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

81 Name

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

83 NONE

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, 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	VS <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Senior VP & General Counsel <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAIGAN, ALAN E.	1.2 NAME	Simpson, Allyson B.
STREET ADDRESS	2020 SANTA MONICA 6 FL	1.3 STREET ADDRESS	500 N. Brand Blvd.
CITY-ST-ZIP	SANTA MONICA CA	1.4 CITY-ST-ZIP	Glendale, CA 91203 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIEBER, EDWARD J.	2.2 NAME	Simpson, Allyson B.
STREET ADDRESS	500 N. BRAND BLVD, S-600	2.3 STREET ADDRESS	500 N. Brand Blvd.
CITY-ST-ZIP	GLENDALE CA	2.4 CITY-ST-ZIP	Glendale, CA 91203 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMPINO, LOUIS J.	3.2 NAME	
STREET ADDRESS	2020 SANTA MONICA, 6 FL	3.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA MONICA CA	3.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	4.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COFFENG, HANS	4.2 NAME	Little, James E.
STREET ADDRESS	2020 SANTA MONICA BLVD., 6FL	4.3 STREET ADDRESS	500 N. Brand Blvd.
CITY-ST-ZIP	SANTA MONICA CA	4.4 CITY-ST-ZIP	Glendale, CA 91203 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	CD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINTYRE, JAMES ALBERT	5.2 NAME	
STREET ADDRESS	2020 SANTA MONICA, 6 FL	5.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA MONICA CA	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, WAYNE	6.2 NAME	
STREET ADDRESS	2020 SANTA MONICA, 6 FL	6.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA MONICA CA	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, as required, or in the address.

SIGNATURE: Daniel A. Platt, Vice President & Controller 3/19/97 318-549-4600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)