

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0116379

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 848168

(1)

1. Corporation Name
FREMONT INDEMNITY COMPANY

98 AUG 21 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/04/1981

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

STATE INSURANCE COMMISSIONER OF FLORIDA
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

10. Name and Address of New 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SVPG
NAME SIMPSON, ALLYSON B
STREET ADDRESS 500 N BRAND BLVD
CITY-ST-ZIP GLENDALE CA ☐ DELETE

TITLE S
NAME SIMPSON, ALLYSON B
STREET ADDRESS 500 N BRAND BLVD
CITY-ST-ZIP GLENDALE CA ☐ DELETE

TITLE D
NAME RAMPINO, LOUIS J.
STREET ADDRESS 2020 SANTA MONICA, 6 FL
CITY-ST-ZIP SANTA MONICA CA ☐ DELETE

TITLE P
NAME LITTLE, JAMES E
STREET ADDRESS 500 N BRAND BLVD
CITY-ST-ZIP GLENDALE CA ☒ DELETE

TITLE CD
NAME MCINTYRE, JAMES ALBERT
STREET ADDRESS 2020 SANTA MONICA, 6 FL
CITY-ST-ZIP SAN MONICA CA ☐ DELETE

TITLE T
NAME BAILEY, WAYNE
STREET ADDRESS 2020 SANTA MONICA, 6 FL
CITY-ST-ZIP SANTA MONICA CA ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME 000002624560--5
1.3 STREET ADDRESS -08/25/98--01044--020
1.4 CITY-ST-ZIP ****150.00 ****150.00 ☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE Director/President
3.2 NAME Rampino, Louis J.
3.3 STREET ADDRESS 2020 Santa Monica, 6 Fl
3.4 CITY-ST-ZIP Santa Monica, CA ☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(b), 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.

SIGNATURE: X

James H. Smith, Secretary and Controller 8-14-98 818 549 4651

CR2E034 (5/98)



Fremont CompTM

Fremont Compensation Insurance Group

August 18, 1998

Mr. Tyrone Scott
Reinstatement Section
Division of Corporations
P. O. Box 66327
Tallahassee, FL 32314

2

Re: 1998 Profit Corporation Annual Report
Fremont Indemnity Company

Dear Mr. Scott:

As per our phone conversation last August 11, 1998, please find our company's check#52093, dated 8/13/98, for \$ 150.00 as payment for the above filing fee. We apologize for not mailing the above referenced fee on time because, as I mentioned to you, the first notice was never received by us. However, we appreciate very much you waiving the late penalty that may be due us.

Thank you for your consideration.

If you have any questions or need more information, please do not hesitate to write or call. I may be reached directly at (818) 552-4839.

Sincerely,

Ben V. Bulaon
Supervising Accountant

P.O. Box 29014
Glendale, CA 91209-9014
500 N. Brand Blvd.
Glendale, CA 91203-3392
(818) 549-4600