

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 848168

1. Entity Name

FREMONT INDEMNITY COMPANY

FILED

Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90003 001 ***150.00

Principal Place of Business

Mailing Address

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

500 NORTH BRAND BOULEVARD, SUITE 600
GLENDALE CA 91203-3903

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

95-2100437

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STATE INSURANCE COMMISSIONER OF FLORIDA
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

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 SV
NAME SIMPSON, ALLYSON B
STREET ADDRESS 500 N BRAND BLVD
CITY-ST-ZIP GLENDALE CA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DP
NAME RAMPINO, LOUIS J.
STREET ADDRESS 2020 SANTA MONICA, 6 FL
CITY-ST-ZIP SANTA MONICA CA ☒ Delete

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DV
NAME GRODEN, RONALD A
STREET ADDRESS 500 N BRAND BLVD
CITY-ST-ZIP GLENDALE CA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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*
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)