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

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 25 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **854240** **(9)**

1. Corporation Name
**HERITAGE INDEMNITY COMPANY**

| Principal Place of Business | Mailing Address |
|---|---|
| 30851 W. AGOURA RD.<br>AGOURA HILLS CA 91301 | 30851 W. AGOURA RD.<br>AGOURA HILLS CA 91301 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/30/1982**
3a. Date of Last Report: **04/29/1994**

2. Principal Place of Business (21): Suite, Apt. #, etc. (22); City & State (23); Zip (24); County (25)
2a. Mailing Address (26): Suite, Apt. #, etc. (27); City & State (28); Zip (29); County (30)

4. FEI Number: **95-3553435** ☐ 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 authority for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**PRENTICE-HALL CORPORATION SYSTEM, INC.**
**110 NORTH MAGNOLIA STREET**
**TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | ~~D~~ | 11 TITLE | D ☐ Change ☒ Addition |
| NAME | ~~GORDON, FRANK J.~~ | 12 NAME | MARC G. METCALF |
| STREET ADDRESS | ~~30851 W. AGOURA RD.~~ | 13 STREET ADDRESS | 3001 SUMNER ST. |
| CITY ST ZIP | ~~AGOURA HILLS CA~~ | 14 CITY ST ZIP | STANFORD, CT 06927 |
| TITLE | VSD | 21 TITLE | Sr. VPD ☐ Change ☒ Addition |
| NAME | OWENS, JAMES J. | 22 NAME | RICHARD N BERGMANN |
| STREET ADDRESS | 30851 W. AGOURA RD. | 23 STREET ADDRESS | 4931 Malibu Ave |
| CITY ST ZIP | AGOURA HILLS CA | 24 CITY ST ZIP | Sherman Oaks, CA 91423 |
| TITLE | VTSD | 31 TITLE | VPD ☐ Change ☒ Addition |
| NAME | OBEDENCIO, SANTIAGO U. | 32 NAME | RICHARD B Salmon |
| STREET ADDRESS | 30851 W. AGOURA RD. | 33 STREET ADDRESS | 2970 Felton St. |
| CITY ST ZIP | AGOURA HILLS CA | 34 CITY ST ZIP | Nebury Park, CA 91320 |
| TITLE | PD | 41 TITLE | VP ☐ Change ☒ Addition |
| NAME | BOSTIC, E. DAVID | 42 NAME | STEVEN D. WHEELER |
| STREET ADDRESS | 30851 W. AGOURA RD. | 43 STREET ADDRESS | 42884 BLUEHILLS Dr. |
| CITY ST ZIP | AGOURA HILLS CA | 44 CITY ST ZIP | LAKE ELIZABETH, CA 93532 |
| TITLE | ~~VTD~~ | 51 TITLE | VP C ☐ Change ☒ Addition |
| NAME | ~~KELLOGG, CLAUDE C.~~ | 52 NAME | LAURA F. YAMANAKA |
| STREET ADDRESS | ~~30851 W. AGOURA RD.~~ | 53 STREET ADDRESS | 23758 S. Columbia Ct. |
| CITY ST ZIP | ~~AGOURA HILLS CA~~ | 54 CITY ST ZIP | VALENCIA, CA 91355 |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 64 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)(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 if changed, or on an attachment with an address.

**SIGNATURE:** _____ SANTIAGO U. OBEDENCIO 4/17/95 (818) 889-2520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

040871 PP