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May 15 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 # **854240** **(9)**

1. Corporation Name
HERITAGE INDEMNITY COMPANY

Principal Place of Business	Mailing Address
30851 W. AGOURA RD. AGOURA HILLS CA 91301	30851 W. AGOURA RD. AGOURA HILLS CA 91301-4312

3. Date Incorporated or Qualified: 09/30/1982
3a. Date of Last Report: 06/20/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 | Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 | Country — 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 liability 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

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	METCALF, MARC G.		1.2 NAME	A. LOUIS PARKER	
STREET ADDRESS	3001 SUMMER ST		1.3 STREET ADDRESS	30851 W. AGOURA RD	
CITY-ST-ZIP	STAMFORD CT 06927		1.4 CITY-ST-ZIP	AGOURA HILLS, CA 91301	
TITLE	VSD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	OWENS, JAMES J.		2.2 NAME		
STREET ADDRESS	30851 W. AGOURA RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	AGOURA HILLS CA		2.4 CITY-ST-ZIP		
TITLE	VTSD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CARR, KEVIN M		3.2 NAME		
STREET ADDRESS	30851 W AGOURA RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	AGOURA HILLS CA		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BOSTIC, E. DAVID		4.2 NAME		
STREET ADDRESS	30851 W. AGOURA RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	AGOURA HILLS CA		4.4 CITY-ST-ZIP		
TITLE	VPC	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	YAMANAKA, LAURA F.		5.2 NAME		
STREET ADDRESS	23958 S COLUMBIA CT		5.3 STREET ADDRESS		
CITY-ST-ZIP	VALENCIA CA 91355		5.4 CITY-ST-ZIP		
TITLE	SVPD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BERGMANN, RICHARD W.		6.2 NAME		
STREET ADDRESS	4931 MATILIJA AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	SHERMAN OAKS CA 91423		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED R. Bronman 4/28/97 215-953-3184
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — ASST TREASURER — Date — Daytime Phone #