

# 2000 UNIFORM BUSINESS REPORT (UBR)

0578120

**DOCUMENT # 854240**

1. Entity Name  
**HERITAGE INDEMNITY COMPANY**

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

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
Zip      Country      Zip      Country

6. Name and Address of Current Registered Agent  
**INSURANCE COMMISSIONER  
STATE TREASURER'S OFFICE  
THE CAPITOL  
TALLAHASSEE FL 32399-0300**

4. FEI Number **95-3553435**      Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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                      | PD                    | <input type="checkbox"/> Delete | TITLE                                                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MUNSON, DANIEL C      |                                 | NAME                                                  |  |                                                                   |
| STREET ADDRESS             | 30851 AGOURA ROAD     |                                 | STREET ADDRESS                                        |  |                                                                   |
| CITY-ST-ZIP                | AGOURA HILLS CA 91301 |                                 | CITY-ST-ZIP                                           |  |                                                                   |
| TITLE                      | VSD                   | <input type="checkbox"/> Delete | TITLE                                                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | OWENS, JAMES J        |                                 | NAME                                                  |  |                                                                   |
| STREET ADDRESS             | 30851 W. AGOURA RD.   |                                 | STREET ADDRESS                                        |  |                                                                   |
| CITY-ST-ZIP                | AGOURA HILLS CA       |                                 | CITY-ST-ZIP                                           |  |                                                                   |
| TITLE                      | CT                    | <input type="checkbox"/> Delete | TITLE                                                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HEMLEY, PATRICIA      |                                 | NAME                                                  |  |                                                                   |
| STREET ADDRESS             | 30851 AGOURA RD       |                                 | STREET ADDRESS                                        |  |                                                                   |
| CITY-ST-ZIP                | AGOURA HILLS CA 91301 |                                 | CITY-ST-ZIP                                           |  |                                                                   |
| TITLE                      | VD                    | <input type="checkbox"/> Delete | TITLE                                                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SALMON, RICHARD B     |                                 | NAME                                                  |  |                                                                   |
| STREET ADDRESS             | 30851 W AGOURA RD     |                                 | STREET ADDRESS                                        |  |                                                                   |
| CITY-ST-ZIP                | AGOURA HILLS CA 91301 |                                 | CITY-ST-ZIP                                           |  |                                                                   |
| TITLE                      | VD                    | <input type="checkbox"/> Delete | TITLE                                                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | FUJITANI, MIYUKI      |                                 | NAME                                                  |  |                                                                   |
| STREET ADDRESS             | 30851 AGOURA HILLS    |                                 | STREET ADDRESS                                        |  |                                                                   |
| CITY-ST-ZIP                | AGOURA HILLS CA 91301 |                                 | CITY-ST-ZIP                                           |  |                                                                   |
| TITLE                      | SVPD                  | <input type="checkbox"/> Delete | TITLE                                                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BERGMANN, RICHARD W   |                                 | NAME                                                  |  |                                                                   |
| STREET ADDRESS             | 30851 AGOURA HILLS    |                                 | STREET ADDRESS                                        |  |                                                                   |
| CITY-ST-ZIP                | AGOURA HILLS CA 91301 |                                 | CITY-ST-ZIP                                           |  |                                                                   |

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: **SIGNATURE REQUIRED** James J. Owens      3-14-00      818 889 2520  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

**FILED**  
00 MAR 20 AM 10:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)