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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 # 857973 (2)
1. Corporation Name
INDEMNITY INSURANCE COMPANY OF NORTH AMERICA

Principal Place of Business
TWO LIBERTY PLACE
1801 CHESTNUT ST
PHILADELPHIA PA 19102

Mailing Address
TWO LIBERTY PLACE
1801 CHESTNUT ST
PHILADELPHIA PA 19102-0003
Attn: George D. Mulligan



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

FL. INSURANCE COMMISSIONER
THE CAPITAL BLDG.
TALLAHASSEE FL

3. Date Incorporated or Qualified
10/04/1983

3a. Date of Last Report
11/04/1996

4. FEI Number
06-1016108

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

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 NAME STREET ADDRESS CITY- ST- ZIP ☐ DELETE

CO
ISOM, GERALD A
1801 CHESTNUT ST.
PHILADELPHIA PA

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ DELETE

DP
KANE, DENNIS P
1801 CHESTNUT STREET
PHILADELPHIA PA

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ DELETE

VT
GARRETT, KENNETH R
1801 CHESTNUT STREET
PHILADELPHIA PA

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ DELETE

D
ALBERT, HAROLD W
800 COTTAGE GROVE ROAD
BLOOMFIELD CT

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ DELETE

DSRV
FRANKIN, RICHARD C
1801 CHESTNUT ST.
PHILADELPHIA PA

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ DELETE

S
MULLIGAN, GEORGE D
1801 CHESTNUT STREET
PHILADELPHIA PA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

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 my address.

SIGNATURE:

George D. Mulligan

215-761-1231 1/16/97

CR2E034 (9/96)