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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 12:54

DOCUMENT # F94000005405 (5)

1. Corporation Name
AMERICAN CONTRACTORS INDEMNITY COMPANY

Principal Place of Business	Mailing Address
9841 AIRPORT BLVD., STE. 916 LOS ANGELES CA 90045	9841 AIRPORT BLVD., STE. 916 LOS ANGELES CA 90045

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/18/1994
3a. Date of Last Report:
4. FEI Number: 95-4290651 ☐ 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

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22): SUITE 1414	Suite, Apt. #, etc. (27): SUITE 1414
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300

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 _____ 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	C	1.1 TITLE	☐ Change ☐ Addition
NAME	BAUMGARTEN, SKIPPER G	1.2 NAME	
STREET ADDRESS	1232 SAN VICENTE BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA MONICA CA 90404	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	LEVINE, WILLIAM	2.2 NAME	
STREET ADDRESS	211 SPAULDING DR., #604	2.3 STREET ADDRESS	
CITY-ST-ZIP	BEVERLY HILLS CA 90212	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	PEARL, ERWIN B	3.2 NAME	
STREET ADDRESS	2502 CAMINO REAL	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM SPRINGS CA 92262	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	BACCALA, WILLIAM P	4.2 NAME	
STREET ADDRESS	22350 MCNAB RANCH ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	UKIAH CA 95482	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	☒ Change ☐ Addition
NAME	MCKENNA, EDWARD J	5.2 NAME	
STREET ADDRESS	8620 AIRPORT BLVD., #624	5.3 STREET ADDRESS	716 Indiana Ct., #40
CITY-ST-ZIP	LOS ANGELES CA 90045	5.4 CITY-ST-ZIP	El Segundo, CA 90245
TITLE	STD	6.1 TITLE	☐ Change ☐ Addition
NAME	BAUMGARTEN, ALBERT	6.2 NAME	
STREET ADDRESS	1535 LOMA VISTA DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	BEVERLY HILLS CA 90210	6.4 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: E. [illegible] McKenna — 2/9/95 — (310) 649-0990
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0470506 FP