

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000000433

FILED
Jan 27, 2004
Secretary of State

Entity Name: HERITAGE INSURANCE MANAGERS, INC.

Current Principal Place of Business:

919 ISOM ROAD
SAN ANTONIO, TX 78216

New Principal Place of Business:

Current Mailing Address:

919 ISOM ROAD
SAN ANTONIO, TX 78216

New Mailing Address:

FEI Number: 74-1315629

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KING, RICHARD W PRES
Address: 919 ISOM ROAD
City-St-Zip: SAN ANTONIO, TX 78216

Title: TVP () Delete
Name: ALBERT, STACIE W VP/TREA
Address: 919 ISOM ROAD
City-St-Zip: SAN ANTONIO, TX 78216

Title: SVP () Delete
Name: GLOVER, PAUL VP/SECY
Address: 919 ISOM ROAD
City-St-Zip: SAN ANTONIO, TX 78216

Title: D () Delete
Name: ROBERTS, RANDALL J DIR
Address: 2400 OLD SOUTH #202
City-St-Zip: SAN ANTONIO, TX 71469

Title: D () Delete
Name: KING, VICTOR A DIR
Address: 919 ISOM ROAD
City-St-Zip: SAN ANTONIO, TX 78216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STACIE W ALBERT

TVP

01/27/2004

Electronic Signature of Signing Officer or Director

Date