

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000000433

FILED  
Jan 19, 2005  
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 (X)

## 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 (X) 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

01/19/2005

Electronic Signature of Signing Officer or Director

Date