## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# F95000000433

Entity Name: HERITAGE INSURANCE MANAGERS, INC.

FILED Feb 04, 2003 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 909 N.E. LOOP 410 919 ISOM ROAD SUITE 400 SAN ANTONIO, TX 78216 SAN ANTONIO, TX 78209 **New Mailing Address: Current Mailing Address:** 909 N.E. LOOP 410 919 ISOM ROAD SUITE 400 SAN ANTONIO, TX 78216 SAN ANTONIO, TX 78209 FEI Number: 74-1315629 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change ( ) Addition KING, VICTOR ADAIR KING, RICHARD W PRES Name: Name: 909 N.E. LOOP 410 919 ISOM ROAD Address: Address: SAN ANTONIO, TX 78216 City-St-Zip: SAN ANTONIO, TX 78209 City-St-Zip: TVD Title: TVP Title: () Delete (X) Change ( ) Addition KING, RICHARD WAYNE Name: Name: ALBERT, STACIE W VP/TREA 909 N.E. LOOP 410 919 ISOM ROAD Address: Address: SAN ANTONIO, TX City-St-Zip: City-St-Zip: SAN ANTONIO, TX 78216 VSD ( ) Delete Title: Title: SVP (X) Change ( ) Addition ROBERTS, RANDALL JAMES GLOVER, PAUL VP/SECY Name: Name: 909 N.E. LOOP 410 919 ISOM ROAD Address: Address: City-St-Zip: SAN ANTONIO, TX City-St-Zip: SAN ANTONIO, TX 78216 Title: () Delete Title: ( ) Change (X) Addition ROBERTS, RANDALL J DIR Name: Name: Address: Address: 2400 OLD SOUTH #202 City-St-Zip: City-St-Zip: SAN ANTONIO, TX 71469 Title: Title: ( ) Change (X) Addition ( ) Delete KING, VICTOR A DIR Name: Name: Address: Address: 919 ISOM ROAD SAN ANTONIO, TX 78216 City-St-Zip: 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 02/04/2003