2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000084676

1. Entity Name
MERCURY INDEMNITY COMPANY OF AMERICA

Principal Place of Business	Mailing Address
1901 ULMERTON RD. CLEARWATER, FL 33762	1901 ULMERTON RD. CLEARWATER, FL 33762

DO NOT WRITE IN THIS SPACE

01122004 No Chg-P CR2E034 (10/03)

4. FEI Number
58-2641913
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BOUTILIER, ANNE
C/O CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JOSEPH, GEORGE
STREET ADDRESS	365 N HUDSON AVE
CITY-ST-ZIP	LOS ANGELES, CA 90020
TITLE	D
NAME	TIRADOR, GABE
STREET ADDRESS	11945 LAMBERT ST
CITY-ST-ZIP	TUSTIN, CA 92782
TITLE	D
NAME	BUNNER, BRUCE A
STREET ADDRESS	27 CARDINAL RD
CITY-ST-ZIP	WESTON, FAIRFIELD, CT 06883
TITLE	D
NAME	WALTERS, JUDITH A
STREET ADDRESS	2310 MONACO DR
CITY-ST-ZIP	OXNARD, CA 93035
TITLE	D
NAME	NEWELL, DONALD P
STREET ADDRESS	8025 ARTESIAN RD
CITY-ST-ZIP	RANCHO SANTE FE, CA 92067
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/08/04-80013-013 150.00

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12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Judith W. Walters 4-5-04 727 937-1060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #