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1002

COVER LETTER

	ent Section of Corporations				
SUBJECT:	Republic Indemnity Com	pany of Californi	a		
DOCUMENT N	UMBER:		 		
The enclosed State	ement of Change of Registered Office/	Agent and fee are subm	nitted for filing.		
Please return all co	orrespondence concerning this matter t	o the following:			
	Melinda A.	Kreger			
	Name of Cont	act Person			
Republic Indemnity Company of California					
Firm/Company					
	,				
	15821 Ventura Bl				
	Audre	53			
	Encino, CA	91436			
City/State and Zip Code					
mindyk@ri-net.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
	Melinda A. Kreger me of Contact Person	at (818)	382-1004 time Telephone Number		
Na	me of Contact Person	Area Code & Day	ime Telephone Number		
Enclosed is a \$35.00 check made payable to the Department of State.					
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment S Division of C Clifton Build	Section forporations		
	Tallahassee, FL 32314		ve Center Circle		

CR2E045 (8/05)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

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Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of California
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Republic Indemnity Company of California
2. The principal office address: 15821 Ventura Blvd., Suite 370
Encino, CA 91436
3. The mailing address (if different): N/A
4. Date of incorporation/qualification: 07/21/2006 Document number: F0600004854
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Chief Financial Officer/Dept of Financial Services
200 E. Gaines Street, Larson Bldg. Talahassee, FL 32399-0300
Talahassee, FL 32399-0300
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road P.O. Box NOT acceptable
Plantation, Florida 33324
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Melinda A Kreger, Vice President/Secretary Signature of an officer of director Melinda A. Kreger, Vice President/Secretary Printed or typed name and title
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Signature of Registered Agent
If signing on behalf and the signing of behalf and the signing of behalf and the significant of the signific

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

* * * FILING FEE: \$35.00 * * *