

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000004854

**Entity Name:** REPUBLIC INDEMNITY COMPANY OF CALIFORNIA**Current Principal Place of Business:**15821 VENTURA BLVD.  
SUITE 370  
ENCINO, CA 91436**Current Mailing Address:**15821 VENTURA BLVD.  
SUITE 370  
ENCINO, CA 91436**FEI Number:** 31-1054123**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
C/O CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title	C
Name	GRUBER, GARY J
Address	15821 VENTURA BLVD. #370
City-State-Zip:	ENCINO CA 91436

Title	VD
Name	HARKINS, DAVID
Address	15821 VENTURA BLVD. #370
City-State-Zip:	ENCINO CA 91436

Title	VCFO
Name	CHAPPEL, MARION S
Address	15821 VENTURA BLVD.
City-State-Zip:	ENCINO CA 91436

Title	T
Name	CHAPPEL, MARION S
Address	15821 VENTURA BLVD.
City-State-Zip:	ENCINO CA 91436

Title	PCEO
Name	MARIONI, DWAYNE T
Address	15821 VENTURA BLVD.
City-State-Zip:	ENCINO CA 91436

Title	D
Name	MARIONI, DWAYNE T
Address	15821 VENTURA BLVD.
City-State-Zip:	ENCINO CA 91436

*I hereby 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 all other like empowered.*

**SIGNATURE:** MARION S. CHAPPEL

SVP, CFO, TREASURER

01/12/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date