

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000004854

**FILED**  
**Mar 06, 2018**  
**Secretary of State**  
**CC1773290694**

**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 VCFO  
Name BORSTELMANN, CRAIG  
Address 15821 VENTURA BLVD.  
City-State-Zip: ENCINO CA 91436

Title T  
Name BORSTELMANN, CRAIG  
Address 15821 VENTURA BLVD.  
City-State-Zip: ENCINO CA 91436

Title PRESIDENT  
Name GOODWIN, DEALLEN  
Address 15821 VENTURA BLVD.  
SUITE 370  
City-State-Zip: ENCINO CA 91436

Title SENIOR VICE PRESIDENT  
Name FRADKIN, REGGIE-ANN  
Address 15821 VENTURA BLVD.  
SUITE 370  
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:** CRAIG BORSTELMANN

CFO

03/06/2018

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

\_\_\_\_\_  
Date