

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000004855

**Entity Name:** REPUBLIC INDEMNITY COMPANY OF AMERICA**Current Principal Place of Business:**4500 PARK GRANADA BLVD.  
SUITE 300  
CALABASAS, CA 91302**Current Mailing Address:**4500 PARK GRANADA BLVD.  
SUITE 300  
CALABASAS, CA 91302 US**FEI Number:** 95-2801326**Certificate of Status Desired:** No**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            PRESIDENT  
Name            GOODWIN, DEALLEN LANE  
Address        4500 PARK GRANADA BLVD.  
                 SUITE 300  
City-State-Zip: CALABASAS CA 91302

Title            SENIOR VICE PRESIDENT  
Name            ENGELL, DANIEL A  
Address        4500 PARK GRANADA BLVD.  
                 SUITE 300  
City-State-Zip: CALABASAS CA 91302

Title            OTHER  
Name            SALOVICH, CATHERINE R  
Address        4500 PARK GRANADA BLVD.  
                 SUITE 300  
City-State-Zip: CALABASAS CA 91302

Title            SENIOR VICE PRESIDENT, CFO, &  
                 TREASURER  
Name            BORSTELMANN, LOUIS CRAIG  
Address        4500 PARK GRANADA BLVD.  
City-State-Zip: CALABASAS CA 91302

Title            ASST. VICE PRESIDENT, & ASST.  
                 TREASURER  
Name            LUPPI, MARIO  
Address        4500 PARK GRANADA BLVD.  
                 SUITE 300 SUITE 370  
City-State-Zip: CALABASAS CA 91302

*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:** CATHERINE SALOVICH**COMPLIANCE  
SPECIALIST****01/07/2022**

Electronic Signature of Signing Officer/Director Detail

Date