

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000003919

Entity Name: INDEMNITY COMPANY OF CALIFORNIA**Current Principal Place of Business:**17771 COWAN, SUITE 100
IRVINE, CA 92614**Current Mailing Address:**800 SUPERIOR AVE E, 21ST FL
CLEVELAND , OH 44114 US**FEI Number:** 95-2545113**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES STREET
TALLAHASSEE, FL 32399 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 DIRECTOR
Name CROWELL, HARRY
Address 17771 COWAN, SUITE 100
City-State-Zip: IRVINE CA 92614

Title DIRECTOR, TREASURER
Name SCHLACHTER, HARRY
Address 59 MAIDEN LANE, 42ND FLOOR
City-State-Zip: NEW YORK NY 10038

Title VICE PRESIDENT, ASSISTANT
SECRETARY
Name MOSES , BARRY
Address 800 SUPERIOR AVE E, 21ST FL
City-State-Zip: CLEVELAND OH 44114

Title SENIOR VICE PRESIDENT
Name WILLIAMSON , BLAINE
Address 17771 COWAN, SUITE 100
City-State-Zip: IRVINE CA 92614

Title PRESIDENT, CEO
Name ZAZA, SAM
Address 17771 COWAN, SUITE 100
City-State-Zip: IRVINE CA 92614

Title DIRECTOR, SECRETARY
Name UNGAR, STEPHEN
Address 59 MAIDEN LANE, 42ND FLOOR
City-State-Zip: NEW YORK NY 10038

Title CHIEF ACTUARY
Name MAYER , JEFFREY
Address 59 MAIDEN LANE, 43RD FL
City-State-Zip: NEW YORK NY 10038

Title SENIOR VICE PRESIDENT
Name YOUNG , DANIEL
Address 17771 COWAN, SUITE 100
City-State-Zip: IRVINE CA 92614

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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: STEPHEN UNGAR**SECRETARY****05/01/2019**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DECARLO, DONALD
Address 59 MAIDEN LANE, 43RD FL
City-State-Zip: NEW YORK NY 10038

Title DIRECTOR
Name FISCH, SUSAN
Address 59 MAIDEN LANE, 43RD FL
City-State-Zip: NEW YORK NY 10038