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Feb 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F95000002800 (9)

1. Corporation Name  
REPUBLIC INDEMNITY COMPANY OF AMERICA

Principal Place of Business  
15821 VENTURA BLVD., SUITE 370  
ENCINO CA 91436

Mailing Address  
15821 VENTURA BLVD., SUITE 370  
ENCINO CA 91436-2809



3. Date Incorporated or Qualified 06/09/1995	3a. Date of Last Report 04/18/1996
4. FEI Number 95-2801326	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER  
CAPITOL  
TALLAHASSEE FL 32399-0300

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	RILEY, DION G.	
STREET ADDRESS	15821 VENTURA BOULEVARD, SUITE 370	
CITY-ST-ZIP	ENCINO CA	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MARIONI, DWAYNE T	
STREET ADDRESS	15821 VENTURA BOULEVARD, SUITE 370	
CITY-ST-ZIP	ENCINO CA 91436	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	CAROLAN, JAMES J	
STREET ADDRESS	15821 VENTURA BOULEVARD, SUITE 370	
CITY-ST-ZIP	ENCINO CA 91436	
TITLE	S	<input type="checkbox"/> DELETE
NAME	THURSTON, LAUREL H.	
STREET ADDRESS	15821 VENTURA BOULEVARD, SUITE 370	
CITY-ST-ZIP	ENCINO CA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HARKINS, DAVID	
STREET ADDRESS	15821 VENTURA BOULEVARD, SUITE 370	
CITY-ST-ZIP	ENCINO CA	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	HOLMAN, ROBERT S	
STREET ADDRESS	15821 VENTURA BOULEVARD, SUITE 370	
CITY-ST-ZIP	ENCINO CA 91436	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PDEO
2.3 STREET ADDRESS	MARIONI, DWAYNE T.
2.4 CITY-ST-ZIP	15821 VENTURA BLVD., SUITE 370 ENCINO, CA 91436
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dion G. Riley REQUIRED Dion G. Riley 2/17/97 818-382-1049

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)