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FILED
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 # F95000002801 (7)

1. Corporation Name
REPUBLIC INDEMNITY COMPANY OF CALIFORNIA



Principal Place of Business: 15821 VENTURA BLVD., SUITE 370, ENCINO CA 91436
Mailing Address: 15821 VENTURA BLVD., SUITE 370, ENCINO CA 91436-2909

3. Date Incorporated or Qualified: 06/09/1995
3a. Date of Last Report: 04/18/1996
4. FEI Number: 31-1054123
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

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	PCEO <input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, RAY D JR
STREET ADDRESS	15821 VENTURA BOULEVARD, SUITE 370
CITY - ST - ZIP	ENCINO CA 91436
TITLE	DV <input type="checkbox"/> DELETE
NAME	MARIONI, DWAYNE T
STREET ADDRESS	15821 VENTURA BOULEVARD, SUITE 370
CITY - ST - ZIP	ENCINO CA 91436
TITLE	VD <input type="checkbox"/> DELETE
NAME	RILEY, DION G.
STREET ADDRESS	15821 VENTURA BLVD, STE 370
CITY - ST - ZIP	ENCINO CA
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 MARIONI, DWAYNE T.
2.3 STREET ADDRESS	15821 VENTURA BLVD., SUITE 370
2.4 CITY - ST - ZIP	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)