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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 91436-2809

3. Date Incorporated or Qualified

06/09/1995

3a. Date of Last Report

04/18/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

31-1054123

Applied For

Not Applicable

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

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

FL

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

Signature, typed or printed name of registered agent, and title if applicable

(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
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)