FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # **P36526** **(2)**

1. Corporation Name
CALIFORNIA INDEMNITY INSURANCE COMPANY

Principal Place of Business	Mailing Address
P.O. BOX 15645 LAS VEGAS NV 89114-5645 US	P.O. BOX 8025 PLEASANTON CA 94566-8025

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/26/1991**

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

4. FEI Number: **95-4139154** ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE FLORIDA INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32301	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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	11 TITLE	P	☒ Change ☐ Addition
NAME	SPITLER, LEE W JR		12 NAME	Marlon, Kathleen M.	
STREET ADDRESS	5627 GIBRALTAR DRIVE		13 STREET ADDRESS	2716 N. Tenaya Way	
CITY-ST-ZIP	PLEASANTON CA		14 CITY-ST-ZIP	Las Vegas, Nevada 89128	
TITLE	CEOD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	COLLINS, FRANK E		22 NAME		
STREET ADDRESS	2724 NO TENAYA WAY		23 STREET ADDRESS		
CITY-ST-ZIP	LAS VEGAS NV		24 CITY-ST-ZIP		
TITLE	S	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	DOBSON, RICHARD E.		32 NAME		
STREET ADDRESS	5627 GIBRALTAR DR		33 STREET ADDRESS		
CITY-ST-ZIP	PLEASANTON CA		34 CITY-ST-ZIP		
TITLE	CFO	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	OKITA, JOHN F.		42 NAME		
STREET ADDRESS	5627 GIBRALTAR DR.		43 STREET ADDRESS		
CITY-ST-ZIP	PLEASANTON CA		44 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	MACDONALD, ERIN E		52 NAME		
STREET ADDRESS	2724 NO TENAYA WAY		53 STREET ADDRESS		
CITY-ST-ZIP	LAS VEGAS NV		54 CITY-ST-ZIP		
TITLE	D	☒ DELETE	61 TITLE	D	☒ Change ☐ Addition
NAME	STARR, JAMES L		62 NAME	Palmer, Paul	
STREET ADDRESS	2724 NO TENAYA WAY		63 STREET ADDRESS	2724 N. Tenaya Way	
CITY-ST-ZIP	LAS VEGAS NV		64 CITY-ST-ZIP	Las Vegas, NV 89128	

CR2E034 (10/97)

14. I 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.