

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

**FILED**  
**Jun 08, 1999 8:00 am**  
**Secretary of State**

06-08-1999 90015 009 \*\*\*550.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P36526**

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 9025  
PLEASANTON CA 94566-9025

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/26/1991

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

P.O. Box 14910

Las Vegas, NV

89114-4910

9. Name and Address of Current Registered Agent

**THE FLORIDA INSURANCE COMMISSIONER**  
**THE CAPITOL**  
**TALLAHASSEE FL 32301**

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	P	<input type="checkbox"/> DELETE
NAME	MARLON, KATHLEEN M	
STREET ADDRESS	2716 N TENAYA WAY	
CITY-ST-ZIP	LAS VEGAS NV 89128	

TITLE	CEOD	<input type="checkbox"/> DELETE
NAME	COLLINS, FRANK E	
STREET ADDRESS	2724 NO TENAYA WAY	
CITY-ST-ZIP	LAS VEGAS NV	

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	DOBSON, RICHARD E.	
STREET ADDRESS	5627 GIBRALTAR DR	
CITY-ST-ZIP	PLEASANTON CA	

TITLE	CFO	<input type="checkbox"/> DELETE
NAME	OKITA, JOHN F.	
STREET ADDRESS	5627 GIBRALTAR DR.	
CITY-ST-ZIP	PLEASANTON CA	

TITLE	CD	<input type="checkbox"/> DELETE
NAME	MACDONALD, ERIN E	
STREET ADDRESS	2724 NO TENAYA WAY	
CITY-ST-ZIP	LAS VEGAS NV	

TITLE	D	<input type="checkbox"/> DELETE
NAME	PALMER, PAUL	
STREET ADDRESS	2724 N TENAYA WAY	
CITY-ST-ZIP	LAS VEGAS NV 89128	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CEO/P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARLON, KATHLEEN M.	
1.3 STREET ADDRESS	2716 N TENAYA WAY	
1.4 CITY-ST-ZIP	LAS VEGAS, NV 89128	

2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	COLLINS, FRANK E	
2.3 STREET ADDRESS	2724 N TENAYA WAY	
2.4 CITY-ST-ZIP	LAS VEGAS, NV 89128	

3.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SONENSTEIN, DAVID M.	
3.3 STREET ADDRESS	2716 N. TENAYA WAY	
3.4 CITY-ST-ZIP	LAS VEGAS, NV 89128	

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 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, with all other like empowered.

SIGNATURE:

*John F. Okita*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

Date

Daytime Phone #

5/26/99

CR2E034 (1/198)

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