2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State
04-20-2000 90036 050 ***150.00

DOCUMENT # P36526

1. Entity Name

CALIFORNIA INDEMNITY INSURANCE COMPANY

Principal Place of Business	Mailing Address
P.O. BOX 15645 LAS VEGAS NV 89114-5645 US	PO BOX 14910 LAS VEGAS NV 89114-4910

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 95-4139154 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THE FLORIDA INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MARLON, KATHLEEN M 2716 N TENAYA WAY LAS VEGAS NV 89128	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO/P/D MARLON, KATHLEEN M 2716 N TENAYA WAY LAS VEGAS, NV 89128	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOD COLLINS, FRANK E 2724 NO TENAYA WAY LAS VEGAS NV	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLLINS, FRANK E 2724 N TENAYA WAY LAS VEGAS, NV89128	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOP MARLON, KATHLEEN M 2716 N TENAYA WAY LAS VEGAS NV 89128	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SONENSTEIN, DAVID M 2716 N TENAYA WAY LAS VEGAS, NV 89128	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO OKITA, JOHN F. 5627 GIBRALTAR DR. PLEASANTON CA	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO SOUZA, PAUL W 2716 N TENAYA WAY LAS VEGAS, NV 89128	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD MACDONALD, ERIN E 2724 NO TENAYA WAY LAS VEGAS NV	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PALMER, PAUL 2724 N TENAYA WAY LAS VEGAS NV 89128	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paul W. Souza SIGNATURE REQUIRED PAUL W. SOUZA 4-11-2000 (702) 838-8233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #