

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90147 038 ***150.00

DOCUMENT # P36526

1. Entity Name
CALIFORNIA INDEMNITY INSURANCE COMPANY



Principal Place of Business
**1 LIBERTY PLAZA, 18TH FLOOR
NEW YORK, NY 10006 US**

Mailing Address
**1 LIBERTY PLAZA, 18TH FLOOR
NEW YORK, NY 10006 US**

20057563



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

19th floor

Suite, Apt. #, etc.

19th floor

04292005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

95-4139154

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **LIBERATOR, JOHN D**
STREET ADDRESS **1 LIBERTY PLAZA, 18TH FLOOR**
CITY-ST-ZIP **NEW YORK, NY 10006**

TITLE **C** ☒ Delete
NAME **FASS, STEVEN E**
STREET ADDRESS **1 LIBERTY PLAZA, 18TH FLOOR**
CITY-ST-ZIP **NEW YORK, NY 10006**

TITLE **SVPT** ☐ Delete
NAME **WASSEMAN, W. NEAL C**
STREET ADDRESS **1 LIBERTY PLAZA, 18TH FLOOR**
CITY-ST-ZIP **NEW YORK, NY 10006**

TITLE **EVPS** ☐ Delete
NAME **EMEIGH, DONALD A JR**
STREET ADDRESS **1 LIBERTY PLAZA, 18TH FLOOR**
CITY-ST-ZIP **NEW YORK, NY 10006**

TITLE **GC** ☒ Delete
NAME **EMEIGH, DONALD A JR**
STREET ADDRESS **1 LIBERTY PLAZA, 18TH FLOOR**
CITY-ST-ZIP **NEW YORK, NY 10006**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **President & Director** ☒ Change ☒ Addition
NAME
STREET ADDRESS **all else remains the same**
CITY-ST-ZIP **19th floor**

TITLE **Chairman** ☐ Change ☒ Addition
NAME **Edward J. Stanco**
STREET ADDRESS **1 Liberty Plaza, 19th floor**
CITY-ST-ZIP **New York, NY 10006**

TITLE **Senior Vice President, Treasurer and Controller** ☒ Change ☐ Addition
NAME **W. Neal Wasserman**
STREET ADDRESS **19th floor**
CITY-ST-ZIP **all else remains the same**

TITLE **Executive Vice President, General Counsel, Secretary and Director** ☐ Change ☒ Addition
NAME
STREET ADDRESS **19th floor**
CITY-ST-ZIP **all else remains the same**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Senior Vice President, CFO, Director** ☐ Change ☒ Addition
NAME **Ronald C. Stanziale, Jr.**
STREET ADDRESS **One Liberty Plaza, 19th floor**
CITY-ST-ZIP **New York, NY 10006**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Donald A. Emeigh, Jr.

April 29, 2005

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Executive Vice President
General Counsel & Secretary**

Daytime Phone #