

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2007 8:00 am
Secretary of State

08-01-2007 90034 041 ***550.00

DOCUMENT # P36526	
1. Entity Name CALIFORNIA INDEMNITY INSURANCE COMPANY	

Principal Place of Business 14160 DALLAS PARKWAY 500 DALLAS, TX 75254 US	Mailing Address 14160 DALLAS PARKWAY 500 DALLAS, TX 75254 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4014111



07132007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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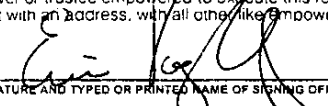
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WOOD, CHARLES D 14160 DALLAS PARKWAY SUITE 500 DALLAS, TX 75254 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CECIL AUTRY 14160 DALLAS PARKWAY, SUITE 500 DALLAS, TX 75254 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NEHLS, CHRIS 14160 DALLAS PARKWAY SUITE 500 DALLAS, TX 75254 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ERIC VOGELSBERG 14160 DALLAS PARKWAY, SUITE 500 DALLAS, TX 75254 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D POLK, RUSTIN 14160 DALLAS PARKWAY SUITE 500 DALLAS, TX 75254 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MEREDITH, KAREN A 14160 DALLAS PARKWAY SUITE 500 DALLAS, TX 75254 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HANSON, LYNN 14160 DALLAS PARKWAY SUITE 500 DALLAS, TX 75254 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REID, WILLIAM E 14160 DALLAS PARKWAY SUITE 500 DALLAS, TX 75254 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #