

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996 3-2896 B-2791 C

DOCUMENT # P36526 (2)

1. Corporation Name

CALIFORNIA INDEMNITY INSURANCE COMPANY



Principal Place of Business

Mailing Address

5627 GIBRALTAR DR.
PLEASANTON CA 94588
US

P.O. BOX 9025
PLEASANTON CA 94566-9025

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current 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 607.0602 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

N/A

Signature typed or printed name of registered agent and filed agent, if A

8001 Registered Agent Signature (Not Applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CPD	<input checked="" type="checkbox"/> DELETE
NAME	HAVLICK, JOSEPH G.	
STREET ADDRESS	5627 GIBRALTAR DR	
CITY-STATE-ZIP	PLEASANTON CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KATZ, JERRY B.	
STREET ADDRESS	5627 GIBRALTAR DR	
CITY-STATE-ZIP	PLEASANTON CA	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	SPITLER, LEE W., JR.	
STREET ADDRESS	5627 GIBRALTAR DR	
CITY-STATE-ZIP	PLEASANTON CA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DOBSON, RICHARD E.	
STREET ADDRESS	5627 GIBRALTAR DR	
CITY-STATE-ZIP	PLEASANTON CA	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	OKITA, JOHN F.	
STREET ADDRESS	5627 GIBRALTAR DR.	
CITY-STATE-ZIP	PLEASANTON CA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Spitler, Jr., Lee W.	
13 STREET ADDRESS	5627 Gibraltar Drive	
14 CITY-STATE-ZIP	Pleasanton, CA 94588	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

JOHN F. OKITA

John F. Okita

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

510-416-8700

CR2E034 (12/95)