


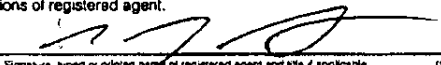
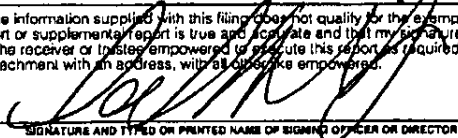
2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

FILED

04 AUG 11 PM 1:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

54066071

<b>DOCUMENT # P36526</b>			
1. Entry Name <b>CALIFORNIA INDEMNITY INSURANCE COMPANY</b>			
Principal Place of Business P.O. BOX 15645 LAS VEGAS, NV 89114-5645 US		Mailing Address PO BOX 14910 LAS VEGAS, NV 89114-4910	
2. Principal Place of Business 1 Liberty Plaza		3. Mailing Address 1 Liberty Plaza	
Suite, Apt. #, etc. 18th Floor		Suite, Apt. #, etc. 18th Floor	
City & State New York, NY		City & State New York, NY	
Zip 10006	Country USA	Zip 10006	Country USA
6. Name and Address of Current Registered Agent  <b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>		7. Name and Address of New Registered Agent Name C T Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road City Plantation FL Zip Code 33324	
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  <b>Michael J. Mitchell</b> Assistant Secretary DATE 7-28-04			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD MARLON, KATHLEEN M 2716 N TENAYA WAY LAS VEGAS, NV 89128 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President John D. Liberato 1 Liberty Plaza 18th Floor New York, NY 10006 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, FRANK E 2724 NO TENAYA WAY LAS VEGAS, NV 89128 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman Steven E. Fass 1 Liberty Plaza 18th Floor New York, NY 10006 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SONESTEIN, DAVID M 2716 N TENAYA WAY LAS VEGAS, NV 89128 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP/Treasurer & Controller W. Neal Wasseman 1 Liberty Plaza 18th Floor New York, NY 10006 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD OKITA, JOHN F. 2724 N TENAYA WAY LAS VEGAS, NV 89128 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP/General Counsel & Secretary Donald A. Emeigh, Jr., 1 Liberty Plaza 18th Floor New York, NY 10006 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MANGOLD, COLLETTE M 2716 N TENAYA WAY LAS VEGAS, NV 89128 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President John D. Liberato 1 Liberty Plaza 18th Floor New York, NY 10006 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O PALMER, PAUL 2724 N TENAYA WAY LAS VEGAS, NV 89128 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP/General Counsel & Secretary Donald A. Emeigh, Jr., 1 Liberty Plaza 18th Floor New York, NY 10006 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(k), 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 prepare 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 appropriate empowerments.			
SIGNATURE: 		Donald A. Emeigh 7-28-04 212-312-2505	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



07212004 Chg-P CR2E034 (10/03)

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

5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

# FOLKS AMERICA REINSURANCE COMPANY

ONE LIBERTY PLAZA NEW YORK, NY 10006 212 312-2500 Fax 212 312-0204

August 18, 2004

Mr. Tyrone Scott  
Florida Department of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Annual Report for  
Commercial Casualty Insurance Company - P36525  
California Indemnity Insurance Company - P 36526

Dear Mr. Scott:

Per our telephone conversation of August 18, 2004, I am sending this letter request that you waive the late filing fee for the above listed companies. We did not receive the original post card filing for May, therefore was unable to complete in a timely manner.

Thank you for your attention to this matter.

Sincerely,



Carla Powell  
Compliance Assistance