


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 Suite, Apt. #, etc. 19th floor	3. Mailing Address Suite, Apt. #, etc. 19th floor
---	---

04292005 Chg-P CR2E034 (10/03)

City & State	City & State	4. FEI Number 95-4139154	Applied For <input type="checkbox"/> Not Applicable
--------------	--------------	------------------------------------	--

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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 NAME STREET ADDRESS CITY-ST-ZIP	P LIBERATOR, JOHN D 1 LIBERTY PLAZA, 18TH FLOOR NEW YORK, NY 10006 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & Director <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition all else remains the same 19th floor
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C FASS, STEVEN E 1 LIBERTY PLAZA, 18TH FLOOR NEW YORK, NY 10006 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Edward J. Stanco 1 Liberty Plaza, 19th floor New York, NY 10006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT WASSEMAN, W. NEAL C 1 LIBERTY PLAZA, 18TH FLOOR NEW YORK, NY 10006 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior Vice President, Treasurer and Controller <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition W. Neal Wasserman 19th floor all else remains the same
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPS EMEIGH, DONALD A JR 1 LIBERTY PLAZA, 18TH FLOOR NEW YORK, NY 10006 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Vice President, General Counsel, Secretary and Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 19th floor all else remains the same
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GC EMEIGH, DONALD A JR 1 LIBERTY PLAZA, 18TH FLOOR NEW YORK, NY 10006 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior Vice President, CFO, Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Ronald C. Stanziale, Jr. One Liberty Plaza, 19th floor 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** Daytime Phone #
General Counsel & Secretary