



# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P36526</b> 1. Entity Name <b>CALIFORNIA INDEMNITY INSURANCE COMPANY</b>						<b>FILED</b> <b>06 MAY 15 PM 1:15</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA					
Principal Place of Business 14160 DALLAS PARKWAY 500 DALLAS, TX 75254 US				Mailing Address 14160 DALLAS PARKWAY 500 DALLAS, TX 75254 US							
2. Principal Place of Business		3. Mailing Address		05012006 Chg-P CR2E034 (11/05)							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>95-4139154</b>							
City & State		City & State		Applied For Not Applicable							
Zip		Country		Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
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 <b>C T Corporation</b> Street Address (P.O. Box Number is Not Acceptable) <b>1200 South Pine Island Road</b> City <b>Plantation</b> FL Zip Code <b>33324</b>					
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: <u>Barbara A. Burke</u> <b>BARBARA A. BURKE</b> <b>SPECIAL ASSISTANT SECRETARY</b> DATE: <u>5-2-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>											
<b>Amended AR is \$61.25</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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		D <input type="checkbox"/> Delete WOOD, CHARLES D 14160 DALLAS PARKWAY SUITE 500 DALLAS, TX 75254		TITLE NAME STREET ADDRESS CITY-ST-ZIP		D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Vogelsberg, Eric W 14160 Dallas Parkway Suite 500 Dallas, TX 75254					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D <input type="checkbox"/> Delete NEHLS, CHRIS 14160 DALLAS PARKWAY SUITE 500 DALLAS, TX 75254		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>RB/22</i>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D <input type="checkbox"/> Delete POLK, RUSTIN 14160 DALLAS PARKWAY SUITE 500 DALLAS, TX 75254		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D <input type="checkbox"/> Delete MEREDITH, KAREN A 14160 DALLAS PARKWAY SUITE 500 DALLAS, TX 75254		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>300075273583</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D <input type="checkbox"/> Delete HANSON, LYNN 14160 DALLAS PARKWAY SUITE 500 DALLAS, TX 75254		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>05/25/06--01024--003 **61.25</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D <input type="checkbox"/> Delete REID, WILLIAM E 14160 DALLAS PARKWAY SUITE 500 DALLAS, TX 75254		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Rustin Polk</u>				Rustin Polk				Date: <u>5/10/06</u>		Daytime Phone #: <u>972 233 0178</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>				<small>Daytime Phone #</small>			