


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 #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

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

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WOOD, CHARLES D	
STREET ADDRESS	14160 DALLAS PARKWAY SUITE 500	
CITY - ST - ZIP	DALLAS, TX 75254	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEHLS, CHRIS	
STREET ADDRESS	14160 DALLAS PARKWAY SUITE 500	
CITY - ST - ZIP	DALLAS, TX 75254	
TITLE	D	<input type="checkbox"/> Delete
NAME	POLK, RUSTIN	
STREET ADDRESS	14160 DALLAS PARKWAY SUITE 500	
CITY - ST - ZIP	DALLAS, TX 75254	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEREDITH, KAREN A	
STREET ADDRESS	14160 DALLAS PARKWAY SUITE 500	
CITY - ST - ZIP	DALLAS, TX 75254	
TITLE	D	<input type="checkbox"/> Delete
NAME	HANSON, LYNN	
STREET ADDRESS	14160 DALLAS PARKWAY SUITE 500	
CITY - ST - ZIP	DALLAS, TX 75254	
TITLE	D	<input type="checkbox"/> Delete
NAME	REID, WILLIAM E	
STREET ADDRESS	14160 DALLAS PARKWAY SUITE 500	
CITY - ST - ZIP	DALLAS, TX 75254	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CECIL AUTRY	
STREET ADDRESS	14160 DALLAS PARKWAY, SUITE 500	
CITY - ST - ZIP	DALLAS, TX 75254	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ERIC VOGELSBURG	
STREET ADDRESS	14160 DALLAS PARKWAY, SUITE 500	
CITY - ST - ZIP	DALLAS, TX 75254	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 #