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Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P36526 (2)
 1. Corporation Name
CALIFORNIA INDEMNITY INSURANCE COMPANY



Principal Place of Business: **5627 GIBRALTAR DR. PLEASANTON CA 94588 US**
 Mailing Address: **P.O. BOX 9025 PLEASANTON CA 94566-9025**

3. Date Incorporated or Qualified: **11/26/1991**
 3a. Date of Last Report: **03/28/1996**
 4. FEI Number: **95-4139154**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 **25** **29** **30**

9. Name and Address of Current Registered Agent
THE FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
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 607.0502 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	PLEASANTON
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	CEO/D MARLON, KATHLEEN M.
23 STREET ADDRESS	5627 GIBRALTAR DRIVE
24 CITY - ST - ZIP	PLEASANTON, CA 94588
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	D COLLINS, FRANK E.
33 STREET ADDRESS	2724 N. TENAYA WAY
34 CITY - ST - ZIP	LAS VEGAS, NV 89128
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	C/D MACDONALD, ERIN E.
43 STREET ADDRESS	2724 N. TENAYA WAY
44 CITY - ST - ZIP	LAS VEGAS, NV 89128
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	D STARR, JAMES L.
53 STREET ADDRESS	2724 N. TENAYA WAY
54 CITY - ST - ZIP	LAS VEGAS, NV 89128
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	D GIRARDIN, WALTER E.
63 STREET ADDRESS	5627 GIBRALTAR DRIVE
64 CITY - ST - ZIP	PLEASANTON, CA 94588

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.0502, Florida Statutes, and 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 it had been made by me; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Richard E. Dobson* **RICHARD E. DOBSON** **2/12/97** **(510) 416-8700**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

CALIFORNIA INDEMNITY INSURANCE COMPANY

FLORIDA SECRETARY OF STATE

ANNUAL REPORT 1997

ATTACHMENT PAGE 2

Item 13.

Additions To Directors in 12

D

Petrick, Jr., John F.
5627 Gibraltar Drive
Pleasanton, CA 94588

D

Rice, David L.
5627 Gibraltar Drive
Pleasanton, CA 94588