

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P36526 (2)
 1. Corporation Name
CALIFORNIA INDEMNITY INSURANCE COMPANY



Principal Place of Business P.O. BOX 15645 LAS VEGAS NV 89114-5645 US	Mailing Address P.O. BOX 9025 PLEASANTON CA 94566-9025
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/26/1991	
21 Suite, Apt #, etc.	22 City & State	26 Suite, Apt #, etc.	27 City & State	4. FEI Number 95-4139154	Applied For Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
THE FLORIDA INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32301				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 FL	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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPITLER, LEE W JR		1.2 NAME	Marlon, Kathleen M.	
STREET ADDRESS	5627 GIBRALTAR DRIVE		1.3 STREET ADDRESS	2716 N. Tenaya Way	
CITY-ST-ZIP	PLEASANTON CA		1.4 CITY-ST-ZIP	Las Vegas, Nevada 89128	
TITLE	CEO	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, FRANK E		2.2 NAME		
STREET ADDRESS	2724 NO TENAYA WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAS VEGAS NV		2.4 CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOBSON, RICHARD E.		3.2 NAME		
STREET ADDRESS	5627 GIBRALTAR DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	PLEASANTON CA		3.4 CITY-ST-ZIP		
TITLE	CFO	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OKITA, JOHN F.		4.2 NAME		
STREET ADDRESS	5627 GIBRALTAR DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	PLEASANTON CA		4.4 CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACDONALD, ERIN E		5.2 NAME		
STREET ADDRESS	2724 NO TENAYA WAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAS VEGAS NV		5.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STARR, JAMES L		6.2 NAME	Palmer, Paul	
STREET ADDRESS	2724 NO TENAYA WAY		6.3 STREET ADDRESS	2724 N. Tenaya Way	
CITY-ST-ZIP	LAS VEGAS NV		6.4 CITY-ST-ZIP	Las Vegas, NV 89128	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)