

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90036 050 ***150.00

DOCUMENT # P36526

1. Entity Name

CALIFORNIA INDEMNITY INSURANCE COMPANY

Principal Place of Business

Mailing Address

P.O. BOX 15645
 LAS VEGAS NV 89114-5645
 US

PO BOX 14910
 LAS VEGAS NV 89114-4910

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

95-4139154

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE FLORIDA INSURANCE COMMISSIONER
 THE CAPITOL
 TALLAHASSEE FL 32301**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MARLON, KATHLEEN M	
STREET ADDRESS	2716 N TENAYA WAY	
CITY-ST-ZIP	LAS VEGAS NV 89128	
TITLE	CEOD	<input type="checkbox"/> Delete
NAME	COLLINS, FRANK E	
STREET ADDRESS	2724 NO TENAYA WAY	
CITY-ST-ZIP	LAS VEGAS NV	
TITLE	CEOP	<input checked="" type="checkbox"/> Delete
NAME	MARLON, KATHLEEN M	
STREET ADDRESS	2716 N TENAYA WAY	
CITY-ST-ZIP	LAS VEGAS NV 89128	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	OKITA, JOHN F.	
STREET ADDRESS	5627 GIBRALTAR DR.	
CITY-ST-ZIP	PLEASANTON CA	
TITLE	CD	<input type="checkbox"/> Delete
NAME	MACDONALD, ERIN E	
STREET ADDRESS	2724 NO TENAYA WAY	
CITY-ST-ZIP	LAS VEGAS NV	
TITLE	D	<input type="checkbox"/> Delete
NAME	PALMER, PAUL	
STREET ADDRESS	2724 N TENAYA WAY	
CITY-ST-ZIP	LAS VEGAS NV 89128	

TITLE	CEO/P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARLON, KATHLEEN M	
STREET ADDRESS	2716 N TENAYA WAY	
CITY-ST-ZIP	LAS VEGAS, NV 89128	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, FRANK E	
STREET ADDRESS	2724 N TENAYA WAY	
CITY-ST-ZIP	LAS VEGAS, NV89128	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SONENSTEIN, DAVID M	
STREET ADDRESS	2716 N TENAYA WAY	
CITY-ST-ZIP	LAS VEGAS, NV 89128	
TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOUZA, PAUL W	
STREET ADDRESS	2716 N TENAYA WAY	
CITY-ST-ZIP	LAS VEGAS, NV 89128	
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		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Paul W. Souza
REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL W. SOUZA

4-11-2000

Date

(702) 838-8233

Daytime Phone #

CR2E034 (9/99)