

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90035 018 ***150.00

DOCUMENT # P36526

1. Entity Name
CALIFORNIA INDEMNITY INSURANCE COMPANY

Principal Place of Business P.O. BOX 15645 LAS VEGAS NV 89114-5645 US	Mailing Address PO BOX 14910 LAS VEGAS NV 89114-4910
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

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.

SIGNATURE _____ (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, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARLON, KATHLEEN M 2716 N TENAYA WAY LAS VEGAS NV 89128 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD COLLINS, FRANK E 2724 NO TENAYA WAY LAS VEGAS NV <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP MARLON, KATHLEEN M 2716 N TENAYA WAY LAS VEGAS NV 89128 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO OKITA, JOHN F. 5627 GIBRALTAR DR. PLEASANTON CA <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MACDONALD, ERIN E 2724 NO TENAYA WAY LAS VEGAS NV <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALMER, PAUL 2724 N TENAYA WAY LAS VEGAS NV 89128 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOPD Marlon, Kathleen M 2716 N Tenaya Way Las Vegas, NV 89128 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Collins, Frank E 2724 N Tenaya Way Las Vegas, NV 89128 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Sonenstein, David M 2716 N Tenaya Way Las Vegas, NV 89128 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Okita, John F 2724 N Tenaya Way Las Vegas, NV 89128 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Mangold, Collette M 2716 N Tenaya Way Las Vegas, NV 89128 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Collette Mangold Collette M Mangold 3/30/01 (702) 838-8223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)



SIERRA INSURANCE GROUP

Attachment #
P36526

522833

April 2, 2001

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Uniform Business Report

Dear Division of Corporations:

Enclosed please find the Uniform Business Report for the year 2001 along with a check for \$150 for California Indemnity Insurance Company.

If there are any questions regarding this filing, please contact me at 702-838-8294.

Sincerely,

Jeff Hawkins
Senior Accountant

Enc.

P.O. Box 15645 Las Vegas, Nevada 89114-5645 (888) 690-0769

California Indemnity Insurance Company • Commercial Casualty Insurance Company
Sierra Insurance Company of Texas • Nevada Administrators