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**Apr 24 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # 805183 (1)
1. Corporation Name
CALVERT INSURANCE COMPANY



Principal Place of Business Mailing Address
**2 HUDSON PLACE
HOBOKEN NJ 07030** **2 HUDSON PLACE
HOBOKEN NJ 07030-5515**

3. Date Incorporated or Qualified 03/11/1940	3a. Date of Last Report 05/01/1996
4. FEI Number 52-0261905	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. 21820 Burbank Blvd #330
22. City & State	27. Woodland Hills CA
23. Zip	28. Country
24. Country	29. USA

9. Name and Address of Current Registered Agent
**INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL 32304**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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 file if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WALTON, JOHN H	
STREET ADDRESS	2 HUDSON PLACE	
CITY-ST-ZIP	HOBOKEN NJ	
TITLE	VC	<input checked="" type="checkbox"/> DELETE
NAME	ABBOTT, JOSEPH J.	
STREET ADDRESS	2 HUDSON PLACE	
CITY-ST-ZIP	HOBOKEN NJ	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FINKELSTEIN, BRIAN W	
STREET ADDRESS	2 HUDSON PLACE	
CITY-ST-ZIP	HOBOKEN NJ	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

1.1 TITLE	President, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	John F. Iannucci	
1.3 STREET ADDRESS	21820 Burbank Blvd #330	
1.4 CITY-ST-ZIP	Woodland Hills, CA 91367	
2.1 TITLE	Snr Vice Pres, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Joseph J. Abbott	
2.3 STREET ADDRESS	2 Hudson Place	
2.4 CITY-ST-ZIP	Hoboken, NJ 07030	
3.1 TITLE	Sen Vice Pres, Treas, Direct	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Sunil L. Hingorani	
3.3 STREET ADDRESS	21820 Burbank Blvd #330	
3.4 CITY-ST-ZIP	Woodland Hills, CA 91367	
4.1 TITLE	Vice President-Finance	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Robert W. Blazer III	
4.3 STREET ADDRESS	21820 Burbank Blvd #330	
4.4 CITY-ST-ZIP	Woodland Hills, CA 91367	
5.1 TITLE	Exec Vice Pres, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Kathryn Wedll Suchome1	
5.3 STREET ADDRESS	21820 Burbank Blvd #330	
5.4 CITY-ST-ZIP	Woodland Hills, CA 91367	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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, unchanged, or on an attachment with an address.

SIGNATURE: _____ **4/7/97** **818/595-0600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)