

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

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90223 045 \*\*\*150.00

10404

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 805183**  
 1. Corporation Name  
**CALVERT INSURANCE COMPANY**

Principal Place of Business <b>2 HUDSON PLACE                  HOBOKEN NJ 07030                  US</b>	Mailing Address <b>21820 BURBANK BLVD #330                  WOODLAND HILLS CA 91367</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Country	29
	30

3. Date Incorporated or Qualified <b>03/11/1940</b>	
4. FEI Number <b>52-0261905</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER  
 CAPITOL BLDG.  
 TALLAHASSEE FL FL 32304**

10. Name and Address of New Registered Agent

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>FINKELSTEIN, BRIAN W</b>	
STREET ADDRESS	<b>2 HUDSON PLACE</b>	
CITY-ST-ZIP	<b>HOBOKEN NJ</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SOMA, MARK</b>	
STREET ADDRESS	<b>21820 BURBANK BLVD, SUITE 330</b>	
CITY-ST-ZIP	<b>WOODLAND HILLS CA 91367</b>	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ABBOTT, JOSEPH J</b>	
STREET ADDRESS	<b>2 HUDSON PLACE</b>	
CITY-ST-ZIP	<b>HOBOKEN NJ 07030</b>	
TITLE	<b>VPTD</b>	<input type="checkbox"/> DELETE
NAME	<b>HINGORANI, SUNIL L</b>	
STREET ADDRESS	<b>21820 BURBANK BLVD #330</b>	
CITY-ST-ZIP	<b>WOODLAND HILLS CA 91367</b>	
TITLE	<b>VPF</b>	<input type="checkbox"/> DELETE
NAME	<b>BLAZER, ROBWEIT W III</b>	
STREET ADDRESS	<b>21820 BURBANK BLVD #330</b>	
CITY-ST-ZIP	<b>WOODLAND HILLS CA 91367</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>SUCHOMEL, KATHERYN W</b>	
STREET ADDRESS	<b>21820 BURBANK BLVD #330</b>	
CITY-ST-ZIP	<b>WOODLAND HILLS CA 91367</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>TREASURER, SECRETARY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>ROBIN RUSSO</b>	
2.3 STREET ADDRESS	<b>TWO HUDSON PLACE</b>	
2.4 CITY-ST-ZIP	<b>HOBOKEN, NJ 07030</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>VICE PRESIDENT DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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, with all other like empowered.

SIGNATURE: Carolyn Calvo **Carolyn Calvo** Compliance Manager/Assistant Secretary  
 Date: 1-19-99 Daytime Phone #: (818) 595-0600

CR2E034 (1/1998)