

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90121 040 \*\*\*150.00

DOCUMENT # **F99000005430**

1. Entity Name  
**COMMERCIAL COMPENSATION CASUALTY COMPANY**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 26601 AGOURA ROAD CALABASAS CA 91302	Mailing Address 26601 AGOURA ROAD CALABASAS CA 91302-1959
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2. Principal Place of Business 26541 Agoura Road Suite, Apt. #, etc.	3. Mailing Address 26541 Agoura Road Suite, Apt. #, etc.
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City & State Calabasas, CA	City & State Calabasas, CA	4. FEI Number 95-4735610	Applied For <input type="checkbox"/> Not Applicable
Zip 91302	Country USA	Zip 91302	Country USA

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324

7. Name and Address of New Registered Agent  
 Name: **Insurance Commissioner**  
 Street Address (P.O. Box Number is Not Acceptable): **Capital Building**  
 City: **Tallahassee** FL Zip Code: **32304**

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: **Insurance Commissioner per Statute**  
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GENTZ, WILLIAM L 26601 AGOURA ROAD CALABASAS CA 91302 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEAMAN, J. CHRIS 26601 AGOURA ROAD CALABASAS CA 91302 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SENER, ARNOLD J 26601 AGOURA ROAD CALABASAS CA 91302 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS NAGLE, ROBERT E ESQ. 26601 AGOURA ROAD CALABASAS CA 91302 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT LAI, DORIS K. T. 26601 AGOURA ROAD CALABASAS CA 91302 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS NIENOW, TRECIA M ESQ. 26601 AGOURA ROAD CALABASAS CA 91302 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman of the Board/Director William L. Gentz 18108 Chardon Circle Encino, CA 91316 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director J. Chris Seaman 4936 Kilburn Court Oak Park, CA 91377 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/Director Arnold J. Senter 35 Buckskin Road Bell Canyon, CA 91307 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/Secretary Robert E. Nagle, Esq. 49 Peregrine Circle Oak Park, CA 91377 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/Treasurer Doris K. T. Lai 26541 Agoura Road Calabasas, CA 91302 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/Assistant Secretary Trecia M. Nienow, Esq. 11171 Sun Center Drive Rancho Cordova, CA 95670 <input checked="" 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: **Trecia M. Nienow, Assistant Secretary** 04/28/00 916.859.6536  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

FILE 4/19/00