

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

FILED

Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 805183

(1)

1. Corporation Name

CALVERT INSURANCE COMPANY

Principal Place of Business

2 HUDSON PLACE
HOBOKEN NJ 07030
US

Mailing Address

21820 BURBANK BLVD #330
WOODLAND HILLS CA 91367

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/11/1940

4. FEI Number

52-0261905

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

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

Zip

Country

24

25

29

30

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

FL

85 Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	S	<input type="checkbox"/> DELETE
NAME	FINKELSTEIN, BRIAN W	
STREET ADDRESS	2 HUDSON PLACE	
CITY-ST-ZIP	HOBOKEN NJ	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	IANNUCCI, JOHN F	
STREET ADDRESS	21820 BURBANK BLVD #330	
CITY-ST-ZIP	WOODLAND HILLS CA 91367	

2.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MARK SIOMA	
2.3 STREET ADDRESS	21820 BURBANK BLVD #330	
2.4 CITY-ST-ZIP	WOODLAND HILLS CA 91367	

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ABBOTT, JOSEPH J	
STREET ADDRESS	2 HUDSON PLACE	
CITY-ST-ZIP	HOBOKEN NJ 07030	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HINGORANI, SUNIL L	
STREET ADDRESS	21820 BURBANK BLVD #330	
CITY-ST-ZIP	WOODLAND HILLS CA 91367	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	VPP	<input type="checkbox"/> DELETE
NAME	BLAZER, ROBERT W III	
STREET ADDRESS	21820 BURBANK BLVD #330	
CITY-ST-ZIP	WOODLAND HILLS CA 91367	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SUCHOMEL, KATHERYN W	
STREET ADDRESS	21820 BURBANK BLVD #330	
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 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.

SIGNATURE

SIGNATURE REQUIRED

1-9-98 (815) 596-0000

CR2E034 (10/97)