

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 805183

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL FL 32304

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 the current year Intangible
Personal Property Tax.

Yes No

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

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
TREASURER, SECRETARY				<input checked="" type="checkbox"/>	<input type="checkbox"/>
PRESIDENT	ROBIN RUSSO	21820 BURBANK BLVD, SUITE 330	WOODLAND HILLS CA 91367	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VICE PRESIDENT DIRECTOR				<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

1-19-99 (818) 595-0600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)