

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

FILED

Apr 25 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 # 839752

(3)

1. Corporation Name
BUSINESS INSURANCE COMPANY

Principal Place of Business
3400 DATA DR
RANCHO CORDOVA CA 95670
US

Mailing Address
3400 DATA DR
RANCHO CORDOVA CA 95670-7856
US

3. Date Incorporated or Qualified 12/31/1977	3a. Date of Last Report 05/01/1996
4. FEI Number 13-2653231	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 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

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32304

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	DP	<input type="checkbox"/> DELETE
NAME	COSTA, MAURICE A	
STREET ADDRESS	3400 DATA DR	
CITY-ST-ZIP	11092 Sun Center Drive RANCHO CORDOVA CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ELDER, JEFFREY L	
STREET ADDRESS	3400 DATA DR	
CITY-ST-ZIP	RANCHO CORDOVA CA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KIRK ALBERT BENSON	
STREET ADDRESS	3400 DATA DRIVE	
CITY-ST-ZIP	RANCHO CORDOVA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MARABITO, ALLEN J	
STREET ADDRESS	3400 DATA DR	
CITY-ST-ZIP	RANCHO CORDOVA CA	
TITLE	VPT D	<input type="checkbox"/> DELETE
NAME	PAUL WILLIAM SOUZA	
STREET ADDRESS	3400 DATA DR	
CITY-ST-ZIP	11092 Sun Center Drive RANCHO CORDOVA CA	
TITLE	V D	<input type="checkbox"/> DELETE
NAME	WHITE, ROBERT	
STREET ADDRESS	3400 DATA DR	
CITY-ST-ZIP	11092 Sun Center Drive RANCHO CORDOVA CA	

1.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jack Powell	
1.3 STREET ADDRESS	11092 Sun Center Drive	
1.4 CITY-ST-ZIP	Rancho Cordova, CA 95670	
2.1 TITLE	Jeffrey P. Elder	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Director	
2.3 STREET ADDRESS	3400 Data Drive	
2.4 CITY-ST-ZIP	Rancho Cordova, CA 95670	
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jay M. Gallet	
3.3 STREET ADDRESS	21608 Oxnard Street, Suite 1700	
3.4 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		
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input checked="" 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)