FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY 01 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **845121** **(3)**

1. Corporation Name

CALIFORNIA COMPENSATION INSURANCE COMPANY

Principal Place of Business	Mailing Address
504 REDWOOD BLVD P.O. BOX 800 NOVATO CA 94949	504 REDWOOD BLVD P.O. BOX 800 NOVATO CA 94949

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 3400 Data Drive	26 3400 Data Drive
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Rancho Cordova, CA	City & State 28 Rancho Cordova, CA
Zip / Country 24 95670 / 25 USA	Zip / Country 29 95670 / 30 USA

3. Date Incorporated or Qualified: 01/31/1980
3a. Date of Last Report: 08/25/1994
4. FEI Number: 94-0631050 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GRIMES, ROBERT T STE 450, 6620 SOUTHPOINT DR S JACKSONVILLE FL 32216	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	XX Change ☐ Addition
NAME	COSTA MAURICE A.	12 NAME	Maurice A. Costa	
STREET ADDRESS	504 REDWOOD BLVD	13 STREET ADDRESS	3400 Data Drive	
CITY-ST-ZIP	NOVATO CA 94947	14 CITY-ST-ZIP	Rancho Cordova, CA 95670	
TITLE	D	21 TITLE	D,C,SVP	XX Change ☐ Addition
NAME	CROWLEY DANIEL D.	22 NAME	Jeffrey L. Elder	
STREET ADDRESS	3400 DATA DRIVE	23 STREET ADDRESS	3400 Data Drive	
CITY-ST-ZIP	RANCHO CORDOVA CA 95670	24 CITY-ST-ZIP	Rancho Cordova, CA 95670	
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	TOUGH STEVEN	32 NAME	300001471693	
STREET ADDRESS	3400 DATA DRIVE	33 STREET ADDRESS	-05/02/95--01147--020	
CITY-ST-ZIP	RANCHO CORDOVA CA 95670	34 CITY-ST-ZIP	****200.00 ****200.00	
TITLE	SVP	41 TITLE	SVP	XX Change ☐ Addition
NAME	POWELL JACK R.	42 NAME	Jack R. Powell	
STREET ADDRESS	504 REDWOOD BLVD	43 STREET ADDRESS	3400 Data Drive	
CITY-ST-ZIP	NOVATO CA 94947	44 CITY-ST-ZIP	Rancho Cordova, CA 95670	
TITLE	SVP	51 TITLE		☐ Change ☐ Addition
NAME	CERAOLO FRANK M.	52 NAME		
STREET ADDRESS	21700 E. COPLEY DR., SUITE 300	53 STREET ADDRESS		
CITY-ST-ZIP	DIAMOND BAR CA 91765	54 CITY-ST-ZIP		
TITLE	VPT	61 TITLE	VPT	XX Change ☐ Addition
NAME	CALVITTI DANIELA C.	62 NAME	Daniela C. Calvitti	
STREET ADDRESS	504 REDWOOD BLVD	63 STREET ADDRESS	3400 Data Drive	
CITY-ST-ZIP	NOVATO CA 94947	64 CITY-ST-ZIP	Rancho Cordova, CA 95670	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Robert P. White, V.P. 4/26/95 916/631-6081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

5-1-95

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CALIFORNIA COMPENSATION INSURANCE COMPANY
Addendum to Florida Corporation Annual Report 1995, Document No. 845121

Section 13:

All of the following are additions:

Directors:

Howard L. Jeske, Director, 4035 Eagles Nest, Auburn, CA 95603
Edward J. Munno, Director, 1010 N. Finance Center Dr., Ste. 100, Tucson, AZ 85710

Officers:

Allen J. Marabito, Secretary, 3400 Data Drive, Rancho Cordova, CA 95670
Greg Johnson, Vice President, 3400 Data Drive, Rancho Cordova, CA 95670
Robert White, Vice President, 3400 Data Drive, Rancho Cordova, CA 95670

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