

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **845121** (3)  
1. Corporation Name  
**CALIFORNIA COMPENSATION INSURANCE COMPANY**



Principal Place of Business  
**3400 DATA DRIVE  
RANCHO CORDOVA CA 95670**

Mailing Address  
**3400 DATA DRIVE  
RANCHO CORDOVA CA 95670**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/31/1980</b>	3a. Date of Last Report <b>05/01/1995</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>94-0631050</b>		Applied For <input type="checkbox"/> Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24. Country	29. Country	30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GRIMES, ROBERT T  
STE 450, 6820 SOUTHPOINT DR S  
JACKSONVILLE FL 32216**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 block 11 applied.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COSTA MAURICE A.</b>	2. NAME	
STREET ADDRESS	<b>3400 DATA DRIVE</b>	13. STREET ADDRESS	
CITY - ST - ZIP	<b>RANCHO CORDOVA CA</b>	14. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DCSV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELDER, JEFFREY L.</b>	2.2 NAME	
STREET ADDRESS	<b>3400 DATA DRIVE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>RANCHO CORDOVA CA</b>	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TOUGH STEVEN</b>	3.2 NAME	<b>Kirk Albert Benson</b>
STREET ADDRESS	<b>3400 DATA DRIVE</b>	3.3 STREET ADDRESS	<b>3400 Data Drive</b>
CITY - ST - ZIP	<b>RANCHO CORDOVA CA 95670</b>	3.4 CITY - ST - ZIP	<b>Rancho Cordova, CA 95670</b>
TITLE	SVP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POWELL JACK R.</b>	4.2 NAME	
STREET ADDRESS	<b>3400 DATA DRIVE</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>RANCHO CORDOVA CA</b>	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SVP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CERAULO FRANK M.</b>	5.2 NAME	
STREET ADDRESS	<b>21700 E. COPLEY DR., SUITE 300</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DIAMOND BAR CA 91765</b>	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VT	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CALVITI DANIELA C.</b>	6.2 NAME	<b>Paul William Souza</b>
STREET ADDRESS	<b>3400 DATA DRIVE</b>	6.3 STREET ADDRESS	<b>3400 Data Drive</b>
CITY - ST - ZIP	<b>RANCHO CORDOVA CA</b>	6.4 CITY - ST - ZIP	<b>Rancho Cordova, CA 95670</b>

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)(k), 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 or changed, or on an attachment with an address.

SIGNATURE:

*Paul W. Souza*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul W. Souza

April 17, 1996

(916) 631-5564

Date

Daytime Phone #

CR2E034 (12/95)