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FILED
May 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra E. 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 95670-7956



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

29

9. Name and Address of Current Registered Agent

GRIMES, ROBERT T
STE 450, 8620 SOUTHPOINT DR S
JACKSONVILLE FL 32218

Insurance Commissioner
Capital Building
Tallahassee FL 32304

regulatory
Olav for Insurance Companies

3. Date Incorporated or Qualified

01/31/1980

3a. Date of Last Report

05/01/1996

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

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 PD ☐ DELETE

NAME COSTA MAURICE A.
STREET ADDRESS 3400 DATA DRIVE
CITY-ST-ZIP RANCHO CORDOVA CA

TITLE DCSV ☐ DELETE

NAME ELDER, JEFFREY L.
STREET ADDRESS 3400 DATA DRIVE
CITY-ST-ZIP RANCHO CORDOVA CA

TITLE D ☒ DELETE

NAME KIRK ALBERT BENSON
STREET ADDRESS 3400 DATA DRIVE
CITY-ST-ZIP RANCHO CORDOVA CA

TITLE SVP ☐ DELETE

NAME POWELL JACK R.
STREET ADDRESS 3400 DATA DRIVE
CITY-ST-ZIP RANCHO CORDOVA CA

TITLE SVP ☐ DELETE

NAME CERAULO FRANK M.
STREET ADDRESS 21700 E. COPLEY DR., SUITE 300
CITY-ST-ZIP DIAMOND BAR CA 91765

TITLE VT ☐ DELETE

NAME PAUL WILLIAM SOUZA
STREET ADDRESS 3400 DATA DRIVE
CITY-ST-ZIP RANCHO CORDOVA CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Director
Jay M. Gellert
21600 Oxnard Street, Suite 1700
Woodland Hills, CA

400002195094
-05/29/97--01082--035
***165.00

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Senior VP
+ CEO
4/15/97 (916) 431-5000

CR2E034 (9/96)