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FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1998**

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 | Mailing Address |
|---|---|
| 3400 DATA DRIVE<br>RANCHO CORDOVA CA 95670 | 3400 DATA DRIVE<br>RANCHO CORDOVA CA 95670 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
~~01/31/1980~~ 07/07/80

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 11171 Sun Center Drive | 26 11171 Sun Center Drive |
| 22 Suite, Apt. #, etc. [illegible] | 27 Suite, Apt. #, etc. Legal Department |
| 23 City & State Rancho Cordova, CA | 28 City & State Rancho Cordova, CA |
| 24 Zip 95670 / 25 Country USA | 29 Zip 95670 / 30 Country USA |

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| INSURANCE COMMISSIONER<br>CAPITOL BUILDING<br>TALLAHASSEE FL 32304 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>COSTA MAURICE A.<br>3400 DATA DRIVE<br>RANCHO CORDOVA CA | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | D/P/CEO/Chairman of the Board<br>Maurice A. Costa<br>11171 Sun Center Drive<br>Rancho Cordova, CA 95670 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DCSV<br>ELDER, JEFFREY L.<br>3400 DATA DRIVE<br>RANCHO CORDOVA CA | ☒ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | D/SVP - Underwriting<br>Jacqueline Andersen-McAuley<br>11171 Sun Center Drive<br>Rancho Cordova, CA 95670 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GELLERT, JAY M<br>216000 OXNAND STREET, SUITE 1700<br>WOODLAND HILLS CA | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SVP<br>POWELL JACK R.<br>3400 DATA DRIVE<br>RANCHO CORDOVA CA | ☒ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | D/SVP - Employer Services<br>David J. Jasko<br>11171 Sun Center Drive<br>Rancho Cordova, CA 95670 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SVP<br>CERAOLO FRANK M.<br>21700 E. COPLEY DR., SUITE 300<br>DIAMOND BAR CA 91765 | ☒ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | D/SVP - Field Operations<br>Robert P. White<br>11171 Sun Center Drive<br>Rancho Cordova, CA 95670 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VT<br>PAUL WILLIAM SOUZA<br>3400 DATA DRIVE<br>RANCHO CORDOVA CA | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | D/VP - Finance/T<br>Paul W. Souza<br>11171 Sun Center Drive<br>Rancho Cordova, CA 95670 | ☒ Change ☐ Addition |

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

SIGNATURE: Trecia M. Nienow, Secretary 4/29/98 (916) 859-6536

CR2E034 (10/97)

**California Compensation Insurance Company**

S
Trecia M. Nienow
11171 Sun Center Drive
Rancho Cordova, CA 95670