

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # F00000005072

1. Entity Name
CAMICO MUTUAL INSURANCE COMPANY



Principal Place of Business
**1235 RADIO ROAD
REDWOOD CITY, CA 94065**

Mailing Address
**1235 RADO ROAD
REDWOOD CITY, CA 94065-1217**

DO NOT WRITE IN THIS SPACE



01302006 No Chg-P CR2E034 (11/05)

4. FEI Number
77-0105482

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

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

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCEO
NAME	DODSWORTH, JOHN A
STREET ADDRESS	1235 RADIO ROAD, 2ND FLOOR
CITY-ST-ZIP	REDWOOD CITY, CA 94065
TITLE	VSTC
NAME	OLSON, STUART E
STREET ADDRESS	1235 RADIO ROAD, 2ND FLOOR
CITY-ST-ZIP	REDWOOD CITY, CA 94065
TITLE	V
NAME	KLEIN, RONALD B
STREET ADDRESS	1235 RADIO ROAD, 2ND FLOOR
CITY-ST-ZIP	REDWOOD CITY, CA 94065
TITLE	VP
NAME	DENNIS, GAIL A
STREET ADDRESS	1235 RADIO RD
CITY-ST-ZIP	REDWOOD CITY, CA 94065
TITLE	V
NAME	ROSARIO, RICARDO R
STREET ADDRESS	1235 RADIO ROAD, 2ND FLOOR
CITY-ST-ZIP	REDWOOD CITY, CA 94065
TITLE	V
NAME	MAKER, SANDRA A
STREET ADDRESS	1235 RADIO ROAD, 2ND FLOOR
CITY-ST-ZIP	REDWOOD CITY, CA 94065

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03/31/06-80019-001 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/06
Date

(650) 802-2500
Daytime Phone