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Mar 10 1997 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # F93000005368 (6)

1. Corporation Name

RICOMP CLAIMS MANAGEMENT CORPORATION

Principal Place of Business

**2201 SEAL BEACH BLVD.
SEAL BEACH CA 90740-8250**

Mailing Address

**2201 SEAL BEACH BLVD.
SEAL BEACH CA 90740-5803**



3. Date Incorporated or Qualified

11/24/1993

3a. Date of Last Report

05/01/1996

4. FEI Number

33-0538783

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

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

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, type or print name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	SEAMANS, RICHARD C	
STREET ADDRESS	2201 SEAL BEACH BOULEVARD	
CITY-ST-ZIP	SEAL BEACH CA 90740	
TITLE	RD	<input type="checkbox"/> DELETE
NAME	FINNELL, ROBERT F	
STREET ADDRESS	2201 SEAL BEACH BLVD.	
CITY-ST-ZIP	SEAL BEACH CA 90740-8250	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MURPHY, R.H.	
STREET ADDRESS	2201 SEAL BEACH BLVD	
CITY-ST-ZIP	SEAL BEACH CA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CRAMER, LEE H	
STREET ADDRESS	625 LIBERTY AVENUE	
CITY-ST-ZIP	PITTSBURGH CA 15222-3123	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	THOMPSON, W.T	
STREET ADDRESS	625 LIBERTY AVENUE	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	J.R. Stone	
1.3 STREET ADDRESS	2201 Seal Beach Boulevard	
1.4 CITY-ST-ZIP	Seal Beach, CA 90740	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	R.E. Balmat, III	
2.3 STREET ADDRESS	2201 Seal Beach Boulevard	
2.4 CITY-ST-ZIP	Seal Beach, CA 90740	
3.1 TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	S.S. McKenney	
3.3 STREET ADDRESS	625 Liberty Avenue	
3.4 CITY-ST-ZIP	Pittsburgh, PA 15222	
4.1 TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	J.R. Cribbs	
4.3 STREET ADDRESS	625 Liberty Avenue	
4.4 CITY-ST-ZIP	Pittsburgh, PA 15222	
5.1 TITLE	Assistant Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	R.F. LeVan, Jr.	
5.3 STREET ADDRESS	2201 Seal Beach Boulevard	
5.4 CITY-ST-ZIP	Seal Beach, CA 90740	
6.1 TITLE	Assistant Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	C.C. Stoops, Jr.	
6.3 STREET ADDRESS	625 Liberty Avenue	
6.4 CITY-ST-ZIP	Pittsburgh, PA 15222	

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:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)