

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90005 025 ***150.00

DOCUMENT # F93000005368

1. Corporation Name

RICOMP CLAIMS MANAGEMENT CORPORATION

Principal Place of Business

600 ANTON BLVD
COSTA MESA CA 92628
US

Mailing Address

P O BOX 8333807
RICHARDSON TX 75083-907
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/24/1993

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 owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	J.R. STONE	
STREET ADDRESS	2201 SEAL BEACH BOULEVARD	
CITY-ST-ZIP	SEAL BEACH CA	
TITLE	PD	<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 checked="" type="checkbox"/> DELETE
NAME	MURPHY, R.H.	
STREET ADDRESS	2201 SEAL BEACH BLVD	
CITY-ST-ZIP	SEAL BEACH CA	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	CRAMER, LEE H	
STREET ADDRESS	625 LIBERTY AVENUE	
CITY-ST-ZIP	PITTSBURGH CA 15222-3123	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	THOMPSON, W.T	
STREET ADDRESS	625 LIBERTY AVENUE	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	C.C. STOOPS JR.	
STREET ADDRESS	625 LIBERTY AVE.	
CITY-ST-ZIP	PITTSBURGH PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CHAIRMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	J.R. STONE	
1.3 STREET ADDRESS	600 ANTON BLVD., SUITE 700	
1.4 CITY-ST-ZIP	COSTA MESA, CA 92626	
2.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	A.J. SPIGARELLI	
2.3 STREET ADDRESS	2201 SEAL BEACH BLVD.	
2.4 CITY-ST-ZIP	SEAL BEACH, CA 90740	
3.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	W.J. CALISE, JR.	
3.3 STREET ADDRESS	600 ANTON BLVD., SUITE 700	
3.4 CITY-ST-ZIP	COSTA MESA, CA 92626	
4.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D.J. POPOVEC	
4.3 STREET ADDRESS	600 ANTON BLVD., SUITE 700	
4.4 CITY-ST-ZIP	COSTA MESA, CA 92626	
5.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	S.R. JANIS	
5.3 STREET ADDRESS	3200 E. RENNER ROAD	
5.4 CITY-ST-ZIP	RICHARDSON, TX 75082	
6.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	W. VETTER	
6.3 STREET ADDRESS	600 ANTON BLVD., SUITE 700	
6.4 CITY-ST-ZIP	COSTA MESA, CA 92626	

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-11-99 (972) 705-1663

CR2E034 (1/98)