


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

FILED
Feb 11, 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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02-11-1999 90006 016 ****150.00

DOCUMENT # F96000001409

1. Corporation Name
MAJESTIC INSURANCE COMPANY



Principal Place of Business 400 2ND ST #350 SAN FRANCISCO CA 94107	Mailing Address 400 2ND ST #350 SAN FRANCISCO CA 94107
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/19/1996	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 95-3653107	Applied For <input type="checkbox"/> Not Applicable
23 Zip	24 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
INSURANCE COMMISSIONER CAPITOL TALLAHASSEE FL 32399-0300				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	City		
				84	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT <input type="checkbox"/> DELETE	1.1 TITLE	95-3653107 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, JOHN L	1.2 NAME	
STREET ADDRESS	400 2ND ST #350	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94107	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIANOLA, MELVIN H	2.2 NAME	
STREET ADDRESS	400 2ND ST #350	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94107	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLINGER, DONALD R	3.2 NAME	
STREET ADDRESS	400 2ND ST #350	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94107	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABER, JANICE S	4.2 NAME	
STREET ADDRESS	400 2ND ST #350	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94107	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, VERONICA L	5.2 NAME	
STREET ADDRESS	400 2ND ST #350	5.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94107	5.4 CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REDLICH, CHRISTOPHER R SR	6.2 NAME	
STREET ADDRESS	400 2ND ST #350	6.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94107	6.4 CITY-ST-ZIP	

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: Veronica L. Mitchell VERONICA L. MITCHELL 1/13/99 (415) 777-5357
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)