

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90020 018 ***158.75

0683425

DOCUMENT # F96000001409

1. Entity 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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606383



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 95-3653107		Applied For
Suite, Apt. #, etc. SUITE#200		Suite, Apt. #, etc. SUITE #200				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent INSURANCE COMMISSIONER CAPITOL TALLAHASSEE FL 32399-0300			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City FL Zip Code		

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPT	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SULLIVAN, JOHN L		NAME	STEFFEN, BEVERLY J.	
STREET ADDRESS	400 2ND ST #350		STREET ADDRESS	400 SECOND ST., STE 200	
CITY-ST-ZIP	SAN FRANCISCO CA 94107		CITY-ST-ZIP	SAN FRANCISCO, CA 94107	
TITLE	DV	<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIANOLA, MELVIN H		NAME	HERNANDEZ, JOHN	
STREET ADDRESS	400 2ND ST #350		STREET ADDRESS	400 SECOND ST., STE 200	
CITY-ST-ZIP	SAN FRANCISCO CA 94107		CITY-ST-ZIP	SAN FRANCISCO, CA 94107	
TITLE	V	<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BELLINGER, DONALD R		NAME	STEWART, JAY H.	
STREET ADDRESS	400 2ND ST #350		STREET ADDRESS	400 SECOND ST., SUITE 200	
CITY-ST-ZIP	SAN FRANCISCO CA 94107		CITY-ST-ZIP	SAN FRANCISCO, CA 94107	
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABER, JANICE S		NAME		
STREET ADDRESS	400 2ND ST #350		STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO CA 94107		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, VERONICA L		NAME		
STREET ADDRESS	400 2ND ST #350		STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO CA 94107		CITY-ST-ZIP		
TITLE	DC	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REDLICH, CHRISTOPHER R SR		NAME		
STREET ADDRESS	400 2ND ST #350		STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO CA 94107		CITY-ST-ZIP		

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date: **1-11-01** Daytime Phone #: **(415) 777-5557**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOHN L. SULLIVAN

CR2E034 (10/00)