

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90002 040 ***150.00

DOCUMENT # F96000001409

1. Entity Name
MAJESTIC INSURANCE COMPANY

Principal Place of Business
400 2ND ST #350
SUITE # 200
SAN FRANCISCO CA 94107

Mailing Address
400 2ND ST #350
SUITE #200
SAN FRANCISCO CA 94107



2. Principal Place of Business
MAJESTIC INSURANCE CO
 Suite, Apt. #, etc.
400 SECOND ST, SUITE 200

3. Mailing Address
MAJESTIC INSURANCE CO
 Suite, Apt. #, etc.
400 SECOND ST, SUITE 200

DO NOT WRITE IN THIS SPACE

City & State
SAN FRANCISCO, CA

City & State
SAN FRANCISCO, CA

4. FEI Number
95-3653107

Applied For
 Not Applicable

Zip
94107

Country
USA

Zip
94107

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300

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)

FILE NOW!!! FEE IS \$150.00
***After May 1, 2002, Fee will be \$550.00**
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPT	<input type="checkbox"/> Delete
NAME	SULLIVAN, JOHN L	
STREET ADDRESS	400 2ND ST #350	
CITY-ST-ZIP	SAN FRANCISCO CA 94107	
TITLE	DV	<input type="checkbox"/> Delete
NAME	GIANOLA, MELVIN H	
STREET ADDRESS	400 2ND ST #350	
CITY-ST-ZIP	SAN FRANCISCO CA 94107	
TITLE	V	<input type="checkbox"/> Delete
NAME	BELLINGER, DONALD R	
STREET ADDRESS	400 2ND ST #350	
CITY-ST-ZIP	SAN FRANCISCO CA 94107	
TITLE	V	<input type="checkbox"/> Delete
NAME	ABER, JANICE S	
STREET ADDRESS	400 2ND ST #350	
CITY-ST-ZIP	SAN FRANCISCO CA 94107	
TITLE	S	<input type="checkbox"/> Delete
NAME	MITCHELL, VERONICA L	
STREET ADDRESS	400 2ND ST #350	
CITY-ST-ZIP	SAN FRANCISCO CA 94107	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEFFEN, BEVERLY J	
STREET ADDRESS	400 SECOND ST STE 200	
CITY-ST-ZIP	SAN FRANCISCO CA 94107	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEANNE REDLICH	
STREET ADDRESS	400 SECOND ST # 200	
CITY-ST-ZIP	SAN FRANCISCO, CA 94107	
TITLE	ASST SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAMMY W. HODGERNEY	
STREET ADDRESS	400 SECOND ST # 200	
CITY-ST-ZIP	SAN FRANCISCO, CA 94107	
TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAIL J. LOWIE	
STREET ADDRESS	400 SECOND ST # 200	
CITY-ST-ZIP	SAN FRANCISCO, CA 94107	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # **(415) 117-5557**

CR2E034 (9/01)