


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90011 041 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000006902
 1. Corporation Name
SCPIE MANAGEMENT SERVICES, INC.



Principal Place of Business 1888 CENTURY PARK EAST, SUITE 800 LOS ANGELES CA 90067	Mailing Address 1888 CENTURY PARK EAST, SUITE 800 LOS ANGELES CA 90067
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/30/1997

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	22. Mailing Address Suite, Apt. #, etc. City & State Zip	23. Country	24. Country
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4. FEI Number 95-4455406	Applied For <input type="checkbox"/> Not Applicable
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.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUK, DONALD J	1.2 NAME	
STREET ADDRESS	9441 W. OLYMPIC BLVD.	1.3 STREET ADDRESS	1888 CENTURY PARK EAST, SUITE 800
CITY-ST-ZIP	BEVERLY HILLS CA 90212	1.4 CITY-ST-ZIP	LOS ANGELES, CA 90067
TITLE	VT <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LO, PATRICK	2.2 NAME	
STREET ADDRESS	9441 W. OLYMPIC BLVD.	2.3 STREET ADDRESS	1888 CENTURY PARK EAST, SUITE 800
CITY-ST-ZIP	BEVERLY HILLS CA 90212	2.4 CITY-ST-ZIP	LOS ANGELES, CA 90067
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENKES, JOSEPH P	3.2 NAME	
STREET ADDRESS	9441 W. OLYMPIC BLVD.	3.3 STREET ADDRESS	1888 CENTURY PARK EAST, SUITE 800
CITY-ST-ZIP	BEVERLY HILLS CA 90212	3.4 CITY-ST-ZIP	LOS ANGELES, CA 90067
TITLE	C <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARLAN, MITCHELL S MD	4.2 NAME	
STREET ADDRESS	9441 W. OLYMPIC BLVD.	4.3 STREET ADDRESS	1888 CENTURY PARK EAST, SUITE 800
CITY-ST-ZIP	BEVERLY HILLS CA 90212	4.4 CITY-ST-ZIP	LOS ANGELES, CA 90067
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRINEY, ALLAN K MD	5.2 NAME	MCCLEARY, JACK E MD
STREET ADDRESS	9441 W. OLYMPIC BLVD.	5.3 STREET ADDRESS	1888 CENTURY PARK EAST, SUITE 800
CITY-ST-ZIP	BEVERLY HILLS CA 90212	5.4 CITY-ST-ZIP	LOS ANGELES, CA 90067
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSELEY, WENDELL L MD	6.2 NAME	
STREET ADDRESS	9441 W. OLYMPIC BLVD.	6.3 STREET ADDRESS	1888 CENTURY PARK EAST, SUITE 800
CITY-ST-ZIP	BEVERLY HILLS CA 90212	6.4 CITY-ST-ZIP	LOS ANGELES, CA 90067

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.

SIGNATURE: _____ **SIGNATURE REQUIRED** 7/1/99 800.962.5549

CR2E034 (5/99)