

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).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

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

07-08-1999 90011 041 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/30/1997

4. FEI Number

95-4455406

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. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 **PD** ☐ DELETE

NAME **ZUK, DONALD J**
STREET ADDRESS **9441 W. OLYMPIC BLVD.**
CITY-ST-ZIP **BEVERLY HILLS CA 90212**

TITLE **VT** ☐ DELETE

NAME **LO, PATRICK**
STREET ADDRESS **9441 W. OLYMPIC BLVD.**
CITY-ST-ZIP **BEVERLY HILLS CA 90212**

TITLE **S** ☐ DELETE

NAME **HENKES, JOSEPH P**
STREET ADDRESS **9441 W. OLYMPIC BLVD.**
CITY-ST-ZIP **BEVERLY HILLS CA 90212**

TITLE **C** ☐ DELETE

NAME **KARLAN, MITCHELL S MD**
STREET ADDRESS **9441 W. OLYMPIC BLVD.**
CITY-ST-ZIP **BEVERLY HILLS CA 90212**

TITLE **D** ☒ DELETE

NAME **BRINEY, ALLAN K MD**
STREET ADDRESS **9441 W. OLYMPIC BLVD.**
CITY-ST-ZIP **BEVERLY HILLS CA 90212**

TITLE **D** ☐ DELETE

NAME **MOSELEY, WENDELL L MD**
STREET ADDRESS **9441 W. OLYMPIC BLVD.**
CITY-ST-ZIP **BEVERLY HILLS CA 90212**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **1888 CENTURY PARK EAST, SUITE 800**
1.4 CITY-ST-ZIP **LOS ANGELES, CA 90067**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **1888 CENTURY PARK EAST, SUITE 800**
2.4 CITY-ST-ZIP **LOS ANGELES, CA 90067**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS **1888 CENTURY PARK EAST, SUITE 800**
3.4 CITY-ST-ZIP **LOS ANGELES, CA 90067**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS **1888 CENTURY PARK EAST, SUITE 800**
4.4 CITY-ST-ZIP **LOS ANGELES, CA 90067**

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME **McCLEARY, JACK E MD**
5.3 STREET ADDRESS **1888 CENTURY PARK EAST, SUITE 800**
5.4 CITY-ST-ZIP **LOS ANGELES, CA 90067**

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS **1888 CENTURY PARK EAST, SUITE 800**
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

0120622

CR2E034 (5/99)