

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 16 PM 3: 33

DOCUMENT # P21490 (8)

1. Corporation Name

**C.E. HEATH COMPENSATION & LIABILITY INSURANCE CO
MPANY**

Principal Place of Business

577 AIRPORT BLVD., SUITE 540
BURLINGAME CA 94010

Mailing Address

577 AIRPORT BLVD., SUITE 540
BURLINGAME CA 94010

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/26/1988

3a. Date of Last Report

03/04/1994

4. FEI Number

04-6012770

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 has liability for intangible tax under S. 199.032,
Florida Statutes

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.

27. City & State

28. Zip

29. Country

30

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 of agent)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

PD

2. NAME

STURESTEPS, GEORGE O.

3. STREET ADDRESS

4 EMBARCADERO CTR. #2050

4. CITY - ST - ZIP

SAN FRANCISCO CA

1. TITLE

V

2. NAME

MCCARTHY, PETER

3. STREET ADDRESS

4 EMBARCADERO CTR. #2050

4. CITY - ST - ZIP

SAN FRANCISCO CA

1. TITLE

V

2. NAME

JOHNSON, JAMES L

3. STREET ADDRESS

4 EMBARCADERO CTR #2050

4. CITY - ST - ZIP

SAN FRANCISCO CA

1. TITLE

S

2. NAME

PIERCE, JOHN S

3. STREET ADDRESS

101 COLIFORNIA ST #4725

4. CITY - ST - ZIP

SAN FRANCISCO CA 94111

1. TITLE

D

2. NAME

WILLIAMS, RAYMOND R.

3. STREET ADDRESS

50 BRIDGE STREET

4. CITY - ST - ZIP

SYDNEY, AUSTRALIA

1. TITLE

VD

2. NAME

IGOE, BEVERLY J.

3. STREET ADDRESS

4 EMBARCADERO CTR. #2050

4. CITY - ST - ZIP

SAN FRANCISCO CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

D

2. NAME

Cannata, Carl C.

3. STREET ADDRESS

18024 Sunburst

4. CITY - ST - ZIP

Northridge, CA

Change Addition

2.1 TITLE

P/D

2.2 NAME

McCarthy, Peter V.

2.3 STREET ADDRESS

4 Embarcadero Center #2050

2.4 CITY - ST - ZIP

San Francisco, CA 94111

Change Addition

3.1 TITLE

V/T

3.2 NAME

Johnson, James L.

3.3 STREET ADDRESS

4 Embarcadero Center #2050

3.4 CITY - ST - ZIP

San Francisco, CA 94111

Change Addition

4.1 TITLE

S/V

4.2 NAME

Matson, Thomas J.

4.3 STREET ADDRESS

577 Airport Blvd., Suite 540

4.4 CITY - ST - ZIP

Burlingame, CA 94010

Change Addition

5.1 TITLE

D

5.2 NAME

Southam M.D., Arthur M.

5.3 STREET ADDRESS

347 10th Street

5.4 CITY - ST - ZIP

Santa Monica, CA

Change Addition

6.1 TITLE

V/D

6.2 NAME

Steffen, Beverly J. (Igoe)

6.3 STREET ADDRESS

4 Embarcadero Center #2050

6.4 CITY - ST - ZIP

San Francisco, CA 94111

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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. 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 of this report if changed, or on an amendment with an addendum.

SIGNATURE:

Thomas J. Matson

Thomas J. Matson

1/26/95

(415) 342-1812

(Signature and typed or printed name of signing officer or director)

Date

Telephone Number