

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P21490 (8)
1. Corporation Name
CAREAMERICA COMPENSATION & LIABILITY INSURANCE C
OMPANY



Principal Place of Business Mailing Address
577 AIRPORT BLVD., SUITE 540 577 AIRPORT BLVD., SUITE 540
BURLINGAME CA 94010 BURLINGAME CA 94010

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/26/1988		03/06/1996	
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip		28 Zip		04-6012770		<input checked="" type="checkbox"/> Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired		8.75 Additional Fee Required	
				<input type="checkbox"/>		5.00 May Be Added to Fees	
				6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CANNATA, CARL C	
STREET ADDRESS	18024 SUNBURST	
CITY-ST-ZIP	NORTHRIDGE CA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCCARTHY, PETER V	
STREET ADDRESS	4 EMBARCADERO CENTER #2050	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, JAMES L	
STREET ADDRESS	4 EMBARCADERO CTR #2050	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	SV	<input type="checkbox"/> DELETE
NAME	MATSON, THOMAS J	
STREET ADDRESS	577 AIRPORT BLVD., STE. 540	
CITY-ST-ZIP	BURLINGAME CA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SOUTHAM, M.D. ARTHUR M.	
STREET ADDRESS	347 10TH STREET	
CITY-ST-ZIP	SANTA MONICA CA	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	STEFFEN, BEVERLY J (IGO)	
STREET ADDRESS	4 EMBARCADERO CTR. #2050	
CITY-ST-ZIP	SAN FRANCISCO CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MOONEY, TIMOTHY J.	
1.3 STREET ADDRESS	FOUR EMBARCADERO CENTER, SUITE 2050	
1.4 CITY-ST-ZIP	SAN FRANCISCO, CA 94111	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LOPATA, STANLEY	
2.3 STREET ADDRESS	FOUR EMBARCADERO CENTER, SUITE 2050	
2.4 CITY-ST-ZIP	SAN FRANCISCO CA 94111	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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:

Thomas J. Matson
Thomas J. Matson

415-342-1812

CP2E034 (4/97)