

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Oct 13 1998 8:00am
 Secretary of State



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

PROFIT CORPORATION
 ANNUAL REPORT
1998

DOCUMENT # **P21490 (8)**
 1. Corporation Name
HIH AMERICA COMPENSATION & LIABILITY INSURANCE COMPANY



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/26/1988

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business
 21 **50 Beale Street**
 Suite, Apt. #, etc.
 22 **15th Floor**
 City & State
 23 **San Francisco, CA**
 Zip Country
 24 **94105** 25 **USA**

2a. Mailing Address
 26 **50 Beale Street**
 Suite, Apt. #, etc.
 27 **15th Floor**
 City & State
 28 **San Francisco, CA**
 Zip Country
 29 **94105** 30 **USA**

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 signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE
 NAME **PD MOONEY, TIMOTHY J**
 STREET ADDRESS **FOUR EMBARCADERO CENTER, SUITE 2050**
 CITY-ST-ZIP **SAN FRANCISCO CA**

TITLE DELETE
 NAME **PD MCCARTHY, PETER V**
 STREET ADDRESS **4 EMBARCADERO CENTER #2050**
 CITY-ST-ZIP **SAN FRANCISCO CA**

TITLE DELETE
 NAME **V LOPATA, STANLEY**
 STREET ADDRESS **FOUR EMBARCADERO CENTER, SUITE 2050**
 CITY-ST-ZIP **SAN FRANCISCO CA**

TITLE DELETE
 NAME **SV MATSON, THOMAS J**
 STREET ADDRESS **577 AIRPORT BLVD., STE. 540**
 CITY-ST-ZIP **BURLINGAME CA**

TITLE DELETE

TITLE DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
Secretary John Terry Griffith
50 Beale Street, 15th Floor
San Francisco, CA 94105

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS
300002662983
-10/13/98-01068-043
*****550.00**

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PE
10-13

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 *John Terry Griffith* 28-Sep-1998 415.836.4100

CR2E034 (5/98)