

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P21490

(8)

1. Corporation Name

HIH AMERICA COMPENSATION & LIABILITY INSURANCE C
OMPANY

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

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

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 PD ☐ DELETE

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

TITLE PD ☐ DELETE

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

TITLE V ☒ DELETE

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

TITLE SV ☐ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Secretary
John Terry Griffith
50 Beale Street, 15th Floor
San Francisco, CA 94105

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

300002662983
-10/13/98--01068--043
***550.00

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

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)