

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P21490

1. Corporation Name

HIH AMERICA COMPENSATION & LIABILITY INSURANCE COMPANY

Principal Place of Business

50 BEALE STREET
15TH FLOOR
SAN FRANCISCO CA 94105

Mailing Address

50 BEALE STREET
15TH FLOOR
SAN FRANCISCO CA 94105

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

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

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 S ☐ DELETE

NAME GRIFFITH, JOHN TERRY
STREET ADDRESS 50 BEALE STREET, 15TH FLOOR
CITY-ST-ZIP SAN FRANCISCO CA 94105

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 50 Beale Street, 15th Floor
1.4 CITY-ST-ZIP San Francisco, CA 94105

2.1 TITLE

☒ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS 50 Beale Street, 15th Floor
2.4 CITY-ST-ZIP San Francisco, CA 94105

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE

☒ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS 50 Beale Street, 15th Floor
4.4 CITY-ST-ZIP San Francisco, CA 94105

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, with all other like empowered.

SIGNATURE *Thomas J. Matson* E.V.P./C.F.O.

3-31-99

(415) 836-4100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)