

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

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90094 015 \*\*\*150.00

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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 the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER  
 THE CAPITOL  
 TALLAHASSEE FL 32301**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

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

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

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 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* **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 (1/198)