

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jul 22 1998 8:00am
Secretary of State

DOCUMENT # 857908 (8)
1. Corporation Name
MANAGEDCOMP NATIONAL INSURANCE COMPANY



Principal Place of Business
350 PARK AVENUE
NEW YORK NY 10022

Mailing Address
350 PARK AVENUE
NEW YORK NY 10022

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	100 Fifth Avenue	26	100 Fifth Avenue	09/28/1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		13-3088732	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Waltham, MA		28 Waltham, MA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 02454		29 02454		Country	
25 US		30 US			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
INSURANCE COMMISSIONER THE CAPITOL BLDG 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	MSD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT & CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STERN, BRUCE E		1.2 NAME	WALTER, JAMES M.	
STREET ADDRESS	350 PARK AVENUE		1.3 STREET ADDRESS	100 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK NY		1.4 CITY-ST-ZIP	WALTHAM, MA 02454	
TITLE	MCFO	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, JOHN A		2.2 NAME	FROUDE, NANCY A.	
STREET ADDRESS	350 PARK AVE.		2.3 STREET ADDRESS	100 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK NY		2.4 CITY-ST-ZIP	WALTHAM, MA 02454	
TITLE	MDT	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGLEY, EDESL C		3.2 NAME	WHITT, LEO T.	
STREET ADDRESS	350 PARK AVENUE		3.3 STREET ADDRESS	100 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK NY		3.4 CITY-ST-ZIP	WALTHAM, MA 02454	
TITLE	MC	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH, JEFFREY S		4.2 NAME	WALTER, JAMES M.	
STREET ADDRESS	350 PARK AVE.		4.3 STREET ADDRESS	100 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK NY		4.4 CITY-ST-ZIP	WALTHAM, MA 02454	
TITLE	PD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COCHRAN, ROBERT P.		5.2 NAME	GICE, JON H.	
STREET ADDRESS	350 PARK AVENUE		5.3 STREET ADDRESS	100 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK NY		5.4 CITY-ST-ZIP	WALTHAM, MA 02454	
TITLE	M	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIKER, R. ANTHONY		6.2 NAME	SEITZ, DANIEL B.	
STREET ADDRESS	350 PARK AVENUE		6.3 STREET ADDRESS	100 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK NY		6.4 CITY-ST-ZIP	WALTHAM, MA 02454	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.0503, 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.

CR2E034 (10/97)