

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 805579 (0)

1. Corporation Name:

PACIFIC EMPLOYERS INSURANCE COMPANY



Principal Place of Business

Mailing Address

TWO LIBERTY PLACE
1601 CHESTNUT ST
PHILADELPHIA PA 19132

TWO LIBERTY PLACE
1601 CHESTNUT ST
PHILADELPHIA PA 19132

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

9. Name and Address of Current Registered Agent

29

30

THE 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 607.01(2) and 607.15(3), 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 607.15(3), Florida Statutes.

SIGNATURE

Signature of Agent or Director

Signature of Agent or Director

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE	S
NAME	MULLIGAN, GEORGE D
STREET ADDRESS	1601 CHESTNUT ST.
CITY-STATE-ZIP	PHILADELPHIA PA
TITLE	VT
NAME	BLENDER, MARCY F.
STREET ADDRESS	1601 CHESTNUT ST
CITY-STATE-ZIP	PHILADELPHIA, PA 0
TITLE	PD
NAME	FRANKLIN, RICHARD C
STREET ADDRESS	1601 CHESTNUT ST.
CITY-STATE-ZIP	PHILADELPHIA PA
TITLE	DV
NAME	KANE, DENNIS P
STREET ADDRESS	1601 CHESTNUT ST
CITY-STATE-ZIP	PHILADELPHIA PA
TITLE	DC
NAME	ISOM, GERALD A
STREET ADDRESS	1601 CHESTNUT ST.
CITY-STATE-ZIP	PHILADELPHIA PA
TITLE	V
NAME	SEARS, JAMES A.
STREET ADDRESS	1601 CHESTNUT ST
CITY-STATE-ZIP	PHILADELPHIA PA

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE	
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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***3,000.00

7/2/96

SIGNATURE:

George D. Mulligan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/96

761-2907

CR2E034 (12/95)