

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 805579

Entity Name: PACIFIC EMPLOYERS INSURANCE COMPANY**Current Principal Place of Business:**436 WALNUT ST
PHILADELPHIA, PA 19106**Current Mailing Address:**436 WALNUT ST
PHILADELPHIA, PA 19106 US**FEI Number:** 95-1077060**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 EAST GAINES STREET
TALLAHASSEE, FL 32399-0000 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title ASST. SECRETARY
Name GIGANTI, CARMINE A
Address 436 WALNUT ST
City-State-Zip: PHILADELPHIA PA 19106Title DEVP
Name FISHER, JOSEPH F
Address 436 WALNUT ST
City-State-Zip: PHILADELPHIA PA 19106Title AS
Name CALLIHAN, JUDITH M
Address 436 WALNUT ST
City-State-Zip: PHILADELPHIA PA 19106Title SECRETARY
Name COLLINS, REBECCA L
Address 436 WALNUT STREET
City-State-Zip: PHILADELPHIA PA 19106Title DP
Name LUPICA, JOHN J.
Address 436 WALNUT ST
City-State-Zip: PHILADELPHIA PA 19106Title DEVP
Name MALENO, CHRISTOPHER A
Address 436 WALNUT STREET
City-State-Zip: PHILADELPHIA PA 19106Title DEVP
Name ENGLISH, JAMES M
Address 436 WALNUT STREET
City-State-Zip: PHILADELPHIA PA 19106

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: REBECCA COLLINS**SECRETARY****04/22/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date