

**2022 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 DIRECTOR, PRESIDENT  
Name LUPICA, JOHN J.  
Address 436 WALNUT ST  
City-State-Zip: PHILADELPHIA PA 19106

Title DIRECTOR  
Name KRUMP, PAUL  
Address 202 HALLS MILL ROAD  
City-State-Zip: WHITEHOUSE STATION NJ 08889

Title DIRECTOR  
Name JOHNSON, LATRELL  
Address 202 HALLS MILL ROAD  
City-State-Zip: WHITEHOUSE STATION NJ 08889

Title SECRETARY  
Name PEENE, BRANDON  
Address 1133 AVENUE OF THE AMERICAS  
41ST FLOOR  
City-State-Zip: NEW YORK NY 10036

Title ASSISTANT SECRETARY  
Name BALLESTEROS, MADELYN A  
Address 202 HALLS MILL ROAD  
City-State-Zip: WHITEHOUSE STATION NJ 08889

Title DIRECTOR  
Name CLOUSER, CAROLINE  
Address 202 HALLS MILL ROAD  
City-State-Zip: WHITEHOUSE STATION NJ 08889

Title TREASURER  
Name HARKIN, KEVIN  
Address 202 HALLS MILL ROAD  
City-State-Zip: WHITEHOUSE STATION FL 08889

Title DIRECTOR  
Name SANPIETRO, SCOTT  
Address 1133 AVENUE OF THE AMERICAS  
41ST FLOOR  
City-State-Zip: NEW YORK NY 10036

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*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: MADELYN A. BALLESTEROS****ASSISTANT SECRETARY 04/28/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	KUSINGA, IVY
Address	1133 AVENUE OF THE AMERICAS 41ST FLOOR
City-State-Zip:	NEW YORK NY 10036