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Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90228 019 \*\*\*150.00

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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 805579

1. Corporation Name

Principal Place of Business

1601 CHESTNUT STREET

PACIFIC EMPLOYERS INSURANCE COMPANY

ILZIG	14.404	PHILADELPHIA PA 19192			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed			
PHILADELPHIA F US	'A 19192	PHILADELPHIA FA 19192						
03					12/31/1942			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For	
_	acc of Edomicos	26			95-1077060		Not Applicable	
Suite, Apt. :	# etc	Suite, Apt. #, etc.				\$8.7	5 Additional	
<del>""</del>		27		5. Certifcate of Status Desired		e Required		
City & State		City & State			6. Election Campaign Financing	\$5.0	00 May Be	
23		28	<del></del>		Trust Fund Contribution		ied to Fees	
Zip`					8. This corporation owes the current year In	tangible		
24	[25]	29	¬ -		Personal Property Tax.	☐Yes	□No	
<u> </u>	9. Name and Address of Current		<u>.                                      </u>		10. Name and Address of New Registered	Agent		
			81	Name	***************************************			
THE INSURANCE COMMISSIONER				01	Add (D.O. Day N has in Not Accountable)			
	CAPITOL BLDG		82 S		t Address (P.O. Box Number is Not Acceptable)			
	AHASSEE FL 32301		83					
•		·				<del></del>		
			84	City	FI	85 2	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 register.								
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					required when reinstating) DATE			
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	it signature i	ADDITIONS/CHANGES TO OFFICERS A	ND DIRE	CTORS IN 12	
		DELETE	1.1 IIILE	<del></del>	1	Char		
TITLE	S		1.2 NAME				· _	
NAME	MULLIGAN, GEORGE D							
STREET ADDRESS	1601 CHESTNUT ST.			TADDRESS			ţ	
CITY-ST-ZIP	C DELETE		1.4 CITY-S	T-ZIP		☐ Char	nge Addition	
TITLE	••		2.1 TITLE				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
NAME	GARRETT, KENNETH R		2.2 NAME		<u> </u>		}	
STREET ADDRESS	1001 CHESTION CI		2.3 STREE	TADDRESS		•	İ	
CITY-ST-ZIP	THE BELLINGTING		2. 4 CITY-5	ST-ZIP				
TITLE	PD DELETE 3.17		3.1 TITLE			☐ Char	nge	
NAME	FRANKLIN, RICHARD C		3.2 NAME					
STREET ADDRESS	1601 CHESTNUT ST.		3.3 STREE	TADDRESS			l	
CITY-ST-ZIP	PHILADELPHIA PA		3.4. CITY-5	ST-ZIP				
TITLE	DV	DELETE	4.1 TITLE			☐ Char	nge 🔲 Addition	
NAME	KANE, DENNIS P	;	4.2 NAME				. \	
STREET ADDRESS	1601 CHESTNUT ST		4.3 STREE	T ADDRESS				
CITY-ST-ZIP	PHILADELPHIA PA		4.4 CITY-S	T-ZIP				
TITLE	DC	DELETE	5.1 T/TLE		DV	Char	nge · 🔯 Addition	
NAME	ISOM, GERALD A		5.2 NAME		John A. Murphy, Jr.			
STREET ADDRESS	1601 CHESTNUT ST.	•	5.3 STREE	T ADDRESS	1601 Chestnut Street		1	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	Philadelphia, PA 19192		]	
TITLE	V	X DELETE	6.1 TITLE			☐ Char	nge 🗌 Addition	
NAME	SEARS, JAMES A.		6.2 NAME				ļ	
STREET ADORESS			6.3 STREE	T ADDRESS			ì	

6.4 CITY-ST-ZIP

CITY-ST-ZIP

PHILADELPHIA PA

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. 215-761-2907