


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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90228 019 ***150.00

0545045

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 805579					
1. Corporation Name PACIFIC EMPLOYERS INSURANCE COMPANY					
Principal Place of Business 1601 CHESTNUT STREET TL21G PHILADELPHIA PA 19192 US			Mailing Address TWO LIBERTY PLACE 1601 CHESTNUT ST PHILADELPHIA PA 19192		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 12/31/1942	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 95-1077060	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 25		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29		Country 30		7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent THE INSURANCE COMMISSIONER THE CAPITOL BLDG TALLAHASSEE FL 32301			10. Name and Address of New Registered Agent		
			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					
TITLE	S	<input type="checkbox"/> DELETE			
NAME	MULLIGAN, GEORGE D				
STREET ADDRESS	1601 CHESTNUT ST.				
CITY-ST-ZIP	PHILADELPHIA PA				
TITLE	VT	<input type="checkbox"/> DELETE			
NAME	GARRETT, KENNETH R				
STREET ADDRESS	1601 CHESTNUT ST				
CITY-ST-ZIP	PHILADELPHIA, PA 0				
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	FRANKLIN, RICHARD C				
STREET ADDRESS	1601 CHESTNUT ST.				
CITY-ST-ZIP	PHILADELPHIA PA				
TITLE	DV	<input type="checkbox"/> DELETE			
NAME	KANE, DENNIS P				
STREET ADDRESS	1601 CHESTNUT ST				
CITY-ST-ZIP	PHILADELPHIA PA				
TITLE	DC	<input type="checkbox"/> DELETE			
NAME	ISOM, GERALD A				
STREET ADDRESS	1601 CHESTNUT ST.				
CITY-ST-ZIP	PHILADELPHIA PA				
TITLE	V	<input checked="" type="checkbox"/> DELETE			
NAME	SEARS, JAMES A.				
STREET ADDRESS	1601 CHESTNUT ST				
CITY-ST-ZIP	PHILADELPHIA PA				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
5.2 NAME	DV John A. Murphy, Jr.				
5.3 STREET ADDRESS	1601 Chestnut Street				
5.4 CITY-ST-ZIP	Philadelphia, PA 19192				
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

SIGNATURE: _____

SIGNATURE REQUIRED

4-19-99

215-761-2907

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)