

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2006 8:00 am**  
**Secretary of State**

02-07-2006 90021 039 \*\*\*150.00

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                   |                                                                                                                     |                                                                                                                          |                                                |                                                                                                   |                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # 808214</b><br>1. Entity Name<br><b>PACIFIC INDEMNITY COMPANY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                   |                                                                                                                     |                                                                                                                          |                                                |                                                                                                   |                                                                              |
| Principal Place of Business<br><b>TWO PLAZA EAST<br/>330 E KILBOURN AVE STE 1450<br/>MILWAUKEE, WI 53202</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                   |                                                                                                                     | Mailing Address<br><b>15 MOUNTAINVIEW RD<br/>WARREN, NJ 07059 US</b>                                                     |                                                |                                                                                                   |                                                                              |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                   | 3. Mailing Address                                                                                                  |                                                                                                                          |                                                |                                                                                                   |                                                                              |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                   | Suite, Apt. #, etc.                                                                                                 |                                                                                                                          |                                                |                                                                                                   |                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                   | City & State                                                                                                        |                                                                                                                          |                                                |                                                                                                   |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                           | Zip                                                                                                                 | Country                                                                                                                  | 4. FEI Number<br><b>95-1078160</b>             |                                                                                                   |                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                   |                                                                                                                     |                                                                                                                          | <b>\$8.75</b> Additional Fee Required          |                                                                                                   |                                                                              |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                   |                                                                                                                     | 7. Name and Address of New Registered Agent                                                                              |                                                |                                                                                                   |                                                                              |
| <b>CHIEF FINANCIAL OFFICER<br/>P O BOX 6200 (32314-6200)<br/>200 E. GAINES ST<br/>TALLAHASSEE, FL 32399-0000</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                   |                                                                                                                     | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> Zip Code |                                                |                                                                                                   |                                                                              |
| 8. 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   |                                                                                                                     |                                                                                                                          |                                                |                                                                                                   |                                                                              |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                   |                                                                                                                     |                                                                                                                          |                                                |                                                                                                   |                                                                              |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |                                                                                                                          |                                                |                                                                                                   |                                                                              |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                   |                                                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                    |                                                |                                                                                                   |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>DVS<br/>GULICK, HENRY G.<br/>15 MOUNTAIN VIEW RD<br/>WARREN, NJ 07059</b>      | <input checked="" type="checkbox"/> Delete                                                                          |                                                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP &amp; Sec. / Director<br/>W. Andrew Macan<br/>15 Mountain View Rd.<br/>Warren, NJ 07059</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>DV<br/>HARTMAN, DAVID G.<br/>15 MOUNTAIN VIEW ROAD<br/>WARREN, NJ 07059</b>    | <input checked="" type="checkbox"/> Delete                                                                          |                                                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP &amp; Actuary<br/>W. Brian Barnes<br/>15 Mountain View Rd.<br/>Warren, NJ 07059</b>         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>DV<br/>O'REILLY, MICHAEL<br/>15 MOUNTAIN VIEW ROAD<br/>WARREN, NJ 07059</b>    | <input type="checkbox"/> Delete                                                                                     |                                                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>DVP<br/>ROMANELLI, JAMES<br/>330 EAST KILBOURN AVE<br/>MILWAUKEE, WI 53202</b> | <input type="checkbox"/> Delete                                                                                     |                                                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>DVP<br/>DARLING, JAMES A<br/>120 FIFTH AVE.<br/>PITTSBURGH, PA 15222</b>       | <input type="checkbox"/> Delete                                                                                     |                                                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>DCP<br/>MOTAMED, THOMAS F<br/>150 MOUNTAIN VIEW RD<br/>WARREN, NJ 07059</b>    | <input type="checkbox"/> Delete                                                                                     |                                                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |                                                                              |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                                   |                                                                                                                     |                                                                                                                          |                                                |                                                                                                   |                                                                              |
| <b>SIGNATURE: <u>W. Andrew Macan</u> 1-31-06 (908) 903-5847</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                   |                                                                                                                     |                                                                                                                          |                                                |                                                                                                   |                                                                              |

ATTACHMENT

# 828214

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## Pacific Indemnity Company

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### *Directors*

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#### DIRECTORS

W. Brian Barnes

James A. Darling

W. Andrew Macan

Thomas F. Motamed

Douglas A. Nordstrom

Michael O'Reilly

James C. Romanelli

Henry B. Schram

ATTACHMENT

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#808214

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# Pacific Indemnity Company

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## *Elected Officers*

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### **CHAIRMAN & PRESIDENT**

Thomas F. Motamed

### **SENIOR VICE PRESIDENT**

John J. Degnan

### **VICE PRESIDENTS**

James E. Altman

Arthur J. Beaver

Terrence W. Cavanaugh

James A. Darling

Ned I. Gerstman

Amelia C. Lynch

Robert A. Marzocchi

Joseph McVicar

Michael O'Reilly

Nancy D. Pate-Nelson

Marjorie D. Raines

James C. Romanelli

John P. Smith

Roger D. Trachsel

### **VICE PRESIDENT & ACTUARY**

W. Brian Barnes

### **VICE PRESIDENT & SECRETARY**

W. Andrew Macan

### **VICE PRESIDENT & TREASURER**

Douglas A. Nordstrom