

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 808214

Entity Name: PACIFIC INDEMNITY COMPANY**Current Principal Place of Business:**TWO PLAZA EAST
330 E KILBOURN AVE STE 1450
MILWAUKEE, WI 53202**Current Mailing Address:**C/O PATRICIA TOMCZYK
15 MOUNTAIN VIEW ROAD
WARREN, NJ 07059 US**FEI Number:** 95-1078160**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
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 DVPS
Name MACAN, WILLIAM A
Address 15 MOUNTAIN VIEW RD
City-State-Zip: WARREN NJ 07059Title DVP
Name BARNES, W.BRIAN
Address 15 MOUNTAIN VIEW ROAD
City-State-Zip: WARREN NJ 07059Title DVP
Name SPIRO, RICHARD G
Address 15 MOUNTAIN VIEW ROAD
City-State-Zip: WARREN NJ 07059Title DP
Name KRUMP, PAUL J
Address 15 MOUNTAIN VIEW ROAD
City-State-Zip: WARREN NJ 07059Title DVP
Name DARLING, JAMES A
Address 555 S. FLOWER ST.
City-State-Zip: LOS ANGELES CA 90071Title DC
Name ROBUSTO, DINO E
Address 15 MOUNTAIN VIEW RD
City-State-Zip: WARREN NJ 07059

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: MACAN, WILLIAM A

VP/SEC

01/24/2013

Electronic Signature of Signing Officer/Director Detail_____
Date