2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2016
Secretary of State
CC6473457932

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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 MADELYN BALLESTEROS
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
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	BRUNDAGE, MAUREEN A
Address	15 MOUNTAIN VIEW RD
City-State-Zip:	WARREN NJ 07059

Title	SVPCFOD
Name	SPIRO, RICHARD G
Address	15 MOUNTAIN VIEW ROAD
City-State-Zip:	WARREN NJ 07059

Title	DVP
Name	DARLING, JAMES A
Address	555 S. FLOWER ST.
City-State-Zip:	LOS ANGELES CA 90071

Title	D
Name	KENNEDY, JOHN J.
Address	15 MOUNTAIN VIEW ROAD
City-State-Zip:	WARREN NJ 07059

Title	DVP
Name	BARNES, W.BRIAN
Address	15 MOUNTAIN VIEW ROAD
City-State-Zip:	WARREN NJ 07059

Title	DPC
Name	KRUMP, PAUL J
Address	15 MOUNTAIN VIEW ROAD
City-State-Zip:	WARREN NJ 07059

Title	D
Name	MORRISON, HAROLD L. JR.
Address	15 MOUNTAIN VIEW ROAD
City-State-Zip:	WARREN NJ 07059

Title	VPTD
Name	PACICCO, DANIEL A.
Address	15 MOUNTAIN VIEW ROAD
City-State-Zip:	WARREN NJ 07059

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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 02/04/2016

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	D
Name	UPDYKE, JEFFREY A.
Address	555 LONG WHARF DRIVE
City-State-Zip:	NEW HAVEN CT 06511

Title	ASSISTANT SECRETARY
Name	BALLESTEROS, MADELYN
Address	C/O MADELYN BALLESTEROS 15 MOUNTAIN VIEW ROAD
City-State-Zip:	WARREN NJ 07059