

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

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90002 030 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>PROFIT CORPORATION ANNUAL REPORT 1999</b>                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                            |  <b>FLORIDA DEPARTMENT OF STATE<br/>Katherine Harris<br/>Secretary of State<br/>DIVISION OF CORPORATIONS</b>                                                                                                                                                                                                                                                                 |                                                                   |
| <b>DOCUMENT # 808214</b><br>1. Corporation Name<br><b>PACIFIC INDEMNITY COMPANY</b>                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   |
| Principal Place of Business<br><b>6500 WILSHIRE BLVD.<br/>LOS ANGELES CA 90048</b>                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                            | Mailing Address<br><b>C/O HENRY G. GULICK<br/>P.O. BOX 1615<br/>WARREN NJ 07061-1615<br/>US</b>                                                                                                                                                                                                                                                                                                                                                               |                                                                   |
| 2. Principal Place of Business<br>21 <b>801 S. Figueroa St.</b><br>Suite, Apt. #, etc.<br>22 <b>Ste. 2400</b><br>City & State<br>23 <b>Los Angeles, CA</b><br>Zip Country<br>24 <b>90017</b> 25 <b>USA</b>                                                                                                                                                                                                                                                      | 2a. Mailing Address<br>26 <b>15 Mountain View Rd.</b><br>Suite, Apt. #, etc.<br>27<br>City & State<br>28 <b>Warren, NJ</b><br>Zip Country<br>29 <b>07059</b> 30 <b>USA</b> | 3. Date Incorporated or Qualified<br><b>04/15/1950</b><br>4. FEI Number<br><b>95-1078160</b><br>5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required<br>6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees<br>8. 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<br><b>INSURANCE COMMISSIONER<br/>THE CAPITOL<br/>TALLAHASSEE FL 32304</b>                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                            | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City <b>FL</b> 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 _____<br>Signature, typed or printed name of registered agent and title if applicable.                                                                                                                                                                                                                                                                                        |                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   |
| 12. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                            | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>DVS<br/>GULICK, HENRY G.<br/>15 MOUNTAIN VIEW RD<br/>WARREN NJ</b> <input type="checkbox"/> DELETE                                                                      | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Change <input 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</b> <input type="checkbox"/> DELETE                                                                    | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Change <input 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</b> <input type="checkbox"/> DELETE                                                                    | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>DC<br/>O'HARE, DEAN R<br/>15 MOUNTAIN VIEW ROAD<br/>WARREN NJ</b> <input type="checkbox"/> DELETE                                                                       | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> DELETE                                                                                                                                            | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> DELETE                                                                                                                                            | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-99

Date

(908)903-3561

Daytime Phone #

CR2E034 (1/98)

24445570002-51  
808214

---

# Pacific Indemnity Company

---

## *Directors*

---

### Business Address

#### **DIRECTORS**

Henry Gregory Gulick

15 Mountain View Road  
Warren NJ 07059

David Gardiner Hartman

15 Mountain View Road  
Warren NJ 07059

Thomas Firouz Motamed

15 Mountain View Road  
Warren NJ 07059

Dean Raymond O'Hare

15 Mountain View Road  
Warren NJ 07059

Michael O'Reilly

15 Mountain View Road  
Warren NJ 07059

Robert Ruis

15 Mountain View Road  
Warren NJ 07059

244955-90002-  
808214

---

# Pacific Indemnity Company

---

## *Directors*

---

### Business Address

Philip John Sempier

15 Mountain View Road  
Warren NJ

07059

244957-90002-  
808214

---

---

# Pacific Indemnity Company

## *Elected Officers*

---

### Business Address

#### **PRESIDENT**

Thomas Firouz Motamed

15 Mountain View Road  
Warren NJ 07059

#### **CHAIRMAN**

Dean Raymond O'Hare

15 Mountain View Road  
Warren NJ 07059

#### **SENIOR VICE PRESIDENTS**

John Joseph Degnan

15 Mountain View Road  
Warren NJ 07059

Gary John Owcar

One Embarcadero Center  
Suite 1040  
San Francisco CA 94111

William John Tabinsky

1251 Avenue of the Americas  
18th Floor  
New York NY 10020-110

#### **VICE PRESIDENTS**

279-199-7000-5  
808214

---

# Pacific Indemnity Company

## *Elected Officers*

---

### Business Address

Malcolm Bobb Burton

15 Mountain View Road  
Warren NJ 07059

Megan Galbraith Colwell

Hopyard Center, Suite 400  
5050 Hopyard Road  
Pleasanton CA 94588-332

Jeffrey Alan Eichhorn

700 Route 202/206 North  
Bridgewater NJ 08807

Walter Patrick Guzzo

801 South Figueroa Street  
801 Tower, 21st-24th Floors  
Los Angeles CA 90017

Charles Morton Luchs

15 Mountain View Road  
Warren NJ 07059

Amelia Cannara Lynch

15 Mountain View Road  
Warren NJ 07059

Robert Alfred Marzocchi

15 Mountain View Road  
Warren NJ 07059

244955-900027  
808214

---

# Pacific Indemnity Company

---

## *Elected Officers*

---

### Business Address

Gerardo Gabriel Mauriz

15 Mountain View Road  
Warren NJ 07059

John Joseph McVicar

601 Union Street  
Suite 3800  
Seattle WA 98101

Michael O'Reilly

15 Mountain View Road  
Warren NJ 07059

Nancy Delarose Pate-Nelson

1000 Urban Center Drive  
Suite 205  
Birmingham AL 35242

Marjorie Diane Raines

15 Mountain View Road  
Warren NJ 07059

Alan Raymond Riley

Suite 1600  
2929 North Central Avenue  
Phoenix AZ 85012

Frank Edward Robertson

15 Mountain View Road  
Warren NJ 07059

244955-90002-3  
808214

---

# Pacific Indemnity Company

---

## *Elected Officers*

---

### Business Address

|             |                                                            |
|-------------|------------------------------------------------------------|
| Leroy Topps | 200 South 6th Street<br>Suite 1000<br>Minneapolis MN 55402 |
|-------------|------------------------------------------------------------|

|                      |                                                                                |
|----------------------|--------------------------------------------------------------------------------|
| Roger David Trachsel | 6400 Fiddler's Green Circle<br>Suite 1600, P.O. Box 6520<br>Englewood CO 80111 |
|----------------------|--------------------------------------------------------------------------------|

### VICE PRESIDENT & ACTUARY

|                        |                                          |
|------------------------|------------------------------------------|
| David Gardiner Hartman | 15 Mountain View Road<br>Warren NJ 07059 |
|------------------------|------------------------------------------|

### VICE PRESIDENT & SECRETARY

|                      |                                          |
|----------------------|------------------------------------------|
| Henry Gregory Gulick | 15 Mountain View Road<br>Warren NJ 07059 |
|----------------------|------------------------------------------|

### VICE PRESIDENT & TREASURER

|                     |                                          |
|---------------------|------------------------------------------|
| Philip John Sempier | 15 Mountain View Road<br>Warren NJ 07059 |
|---------------------|------------------------------------------|