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-09/22/95--01075--006
*****78.75 *****78.75

(Requestor's Name)
1123-3641-9 Sep. 21, 95
Paul W. Craig 818 593-8250

OFFICE USE ONLY

PACIFIC RIM ASSURANCE CO
6200 CANOGA AVE
WOODLAND HILLS CA 91367

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

- 1. _____ (Corporation Name) (Document #)
2. _____ (Corporation Name) (Document #)
3. _____ (Corporation Name) (Document #)
4. _____ (Corporation Name) (Document #)

- Walk in Pick up time Certified Copy
Mail out Will wait Photocopy Certificate of Status

9/25
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Table with 2 columns: Category and Description. Includes NEW FILINGS: Profit, NonProfit, Limited Liability, Domestication, Other.

Table with 2 columns: Category and Description. Includes AMENDMENTS: Amendment, Resignation of R.A., Officer/Director, Change of Registered Agent, Dissolution/Withdrawal, Merger.

Table with 2 columns: Category and Description. Includes OTHER FILINGS: Annual Report, Fictitious Name, Name Reservation.

Table with 2 columns: Category and Description. Includes REGISTRATION/QUALIFICATION: Foreign, Limited Partnership, Reinstatement, Trademark, Other.

Examiner's Initials

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE
STATE OF FLORIDA:**

1. THE PACIFIC RIM ASSURANCE COMPANY
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. CALIFORNIA 3. 95-411441
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. MAY 27, 1987 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. None (Pending Application)
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)

7. 6200 CANOGA AVENUE
WOODLAND HILLS, CALIFORNIA 91367-2402
(Current mailing address)

8. Workers' Compensation Insurance Company
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:

Name: Insurance Commissioner
Office Address: Capitol
Tallahassee, Florida, 32399-0300
(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Insurance Commissioner
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

(SEE ATTACHED)

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12. Names and addresses of officers and/or directors:

A. DIRECTORS (SEE ATTACHED)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Stanley Braun, Chairman, President and Chief Executive Officer
(Typed or printed name and capacity of person signing application)

**FLORIDA DEPARTMENT OF INSURANCE
APPLICATION FOR CERTIFICATE OF AUTHORITY**

Section IV-1 / Listing Of All Company Officers & Directors

A. DIRECTORS OF THE PACIFIC RIM ASSURANCE COMPANY

STANLEY BRAUN

Chairman of the Board, President and Chief Executive Officer
The Pacific Rim Assurance Company
6200 Canoga Avenue
Woodland Hills, California 91367-2402

DR. DENNIS J. AIGNER

Graduate School of Management
University of California
Irvine, California 92717

ROBERT M. ANDERSON

Anderson & Anderson
2495 Campus Drive
Irvine, California 92715-1583

RICHARDS D. BARGER, ESQ.

Barger & Wolen
515 South Flower Street, 34th Floor
Los Angeles, California 90071-2205

TIMOTHY R. BUSCH, ESQ.

The Busch Firm
2532 Dupont Drive
Irvine, CA 92715

DENNIS W. HARWOOD, ESQ.

Barger & Wolen
19800 MacArthur Boulevard, 8th Floor
Irvine, California 92715

RICHARD H. PICKUP

Wedbush Morgan Securities
500 Newport Center Drive, Suite 550
Newport Beach, CA 92660

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Section IV-1 / Listing Of All Company Officers & Directors

A. DIRECTORS OF THE PACIFIC RIM ASSURANCE COMPANY (Continued)

DON A. SALYER

Guy Carpenter & Co.
2 World Trade Center
New York, NY 10048

CARL A. STRUNK

Fidelity National Title Insurance
17911 Von Karman Avenue
Irvine, California 92714

B. OFFICERS OF THE PACIFIC RIM ASSURANCE COMPANY

STANLEY BRAUN

Chairman of the Board, President and Chief Executive Officer
The Pacific Rim Assurance Company
6200 Canoga Avenue
Woodland Hills, California 91367-2402

PAUL W. CRAIG

Executive Vice President & Chief Financial Officer
The Pacific Rim Assurance Company
6200 Canoga Avenue
Woodland Hills, California 91367-2402

SANDRA L. RICHARDS

Senior Vice President
The Pacific Rim Assurance Company
6200 Canoga Avenue
Woodland Hills, California 91367-2402

RONALD J. TONANI

Senior Vice President
The Pacific Rim Assurance Company
6200 Canoga Avenue
Woodland Hills, California 91367-2402

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Section IV-1 / Listing Of All Company Officers & Directors

B. OFFICERS OF THE PACIFIC RIM ASSURANCE COMPANY (Continued)

DINA J. BRAUN- PUETZ

Vice President - Claims
The Pacific Rim Assurance Company
6200 Canoga Avenue
Woodland Hills, California 91367-2402

MARK E. GRAY

Resident Vice President - Arizona Operations
The Pacific Rim Assurance Company
3200 East Camelback Road, Suite 188
Phoenix, Arizona 85018-2319

GERALD L. WHELPLY

Treasurer, Controller, and Assistant Secretary
The Pacific Rim Assurance Company
6200 Canoga Avenue
Woodland Hills, California 91367-2402

MYRTLE SOLOMON

Secretary
The Pacific Rim Assurance Company
6200 Canoga Avenue
Woodland Hills, California 91367-2402

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STATE OF CALIFORNIA

DEPARTMENT OF INSURANCE

SAN FRANCISCO

Amended

Certificate of Authority

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THIS IS TO CERTIFY, That, pursuant to the Insurance Code of the State of California,

The Pacific Rim Assurance Company

of Woodland Hills, California, organized under the laws of California, subject to its Articles of Incorporation or other fundamental organizational documents, is hereby authorized to transact within this State, subject to all provisions of this Certificate, the following classes of insurance:

Workers' Compensation and Liability

as such classes are now or may hereafter be defined in the Insurance Laws of the State of California.

THIS CERTIFICATE is expressly conditioned upon the holder hereof now and hereafter being in full compliance with all, and not in violation of any, of the applicable laws and lawful requirements made under authority of the laws of the State of California as long as such laws or requirements are in effect and applicable, and as such laws and requirements now are, or may hereafter be changed or amended.

IN WITNESS WHEREOF, effective as of the 20th day of October, 1992,

I have hereunto set my hand and caused my official seal to be affixed this 20th day of October, 1992.

Fee \$92.00

John Garamendi
Insurance Commissioner

Rec. No. 817129

Filed 6/16/92

By

Victoria S. Sidbury
Deputy

Certification

I, the undersigned Insurance Commissioner of the State of California, do hereby certify that I have compared the above copy of Certificate of Authority with the duplicate of original now on file in my office, and that the same is a full, true, and correct transcript thereof, and of the whole of said duplicate, and said Certificate of Authority is now in full force and effect.

IN WITNESS WHEREOF, I have hereunto set my hand and caused my official seal to be affixed this 30th day of June, 1995.

Chuck Quackenbush
Insurance Commissioner

Jesse G. Rivera
Jesse G. Rivera
Deputy