

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000004658 (9)

1. Corporation Name
THE PACIFIC RIM ASSURANCE COMPANY



Principal Place of Business: **6200 CANOGA AVE. WOODLAND HILLS CA 91367-2402**
Mailing Address: **6200 CANOGA AVE. WOODLAND HILLS CA 91367-2402**

| | |
|---|--|
| 3. Date Incorporated or Qualified 09/22/1995 | 3a. Date of Last Report |
| 4. FEI Number 95-4111441 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate or Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21. Suite, Apt #, etc. | 26. Suite, Apt #, etc. |
| 22. City & State | 27. City & State |
| 24. Zip | 29. Zip |
| 25. Country | 30. Country |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300**

| | |
|--|---|
| 81. Name | |
| 82. Street Address (P.O. Box Number is Not Acceptable) | |
| 83. | 600001815906 -05/10/96--01006--001 |
| 84. City | ***200.00 FL |
| 85. Zip Code | |

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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

Signature, typed or printed name of registered agent, and title (page 2 of 3)

Signature, typed or printed name of registered agent, and title (page 2 of 3)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | DCEO <input type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRAUM, STANLEY | 1.2 NAME | Braun, Stanley |
| STREET ADDRESS | 6200 CANOGA AVE. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | WOODLAND HILLS CA 91367-2402 | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | Exec.VP & CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | AIGNER, DENNIS J | 2.2 NAME | Craig, Paul W. |
| STREET ADDRESS | GRADUATE SCHOOL OF MANAGEMENT, U OF CA | 2.3 STREET ADDRESS | 6200 Canoga Avenue |
| CITY-ST-ZIP | IRVINE CA 92717 | 2.4 CITY-ST-ZIP | Woodland Hills, CA 91367-2402 |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | Senior Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ANDERSON, ROBERT M | 3.2 NAME | Richards, Sandra L. |
| STREET ADDRESS | 2495 CAMPUS DR. | 3.3 STREET ADDRESS | 6200 Canoga Avenue |
| CITY-ST-ZIP | IRVINE CA 92715-1583 | 3.4 CITY-ST-ZIP | Woodland Hills, CA 91367-2402 |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | Senior Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BARGER, RICHARDS D ESQ. | 4.2 NAME | Tonani, Ronald J. |
| STREET ADDRESS | 515 SOUTH FLOWER ST., 34TH FL. | 4.3 STREET ADDRESS | 6200 Canoga Avenue |
| CITY-ST-ZIP | LOS ANGELES CA 90071-2205 | 4.4 CITY-ST-ZIP | Woodland Hills, CA 91367-2402 |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BUSCH, TIMOTHY R ESQ. | 5.2 NAME | Whelply, Gerald L. |
| STREET ADDRESS | 2532 DUPONT DR. | 5.3 STREET ADDRESS | 6200 Canoga Avenue |
| CITY-ST-ZIP | IRVINE CA 92715 | 5.4 CITY-ST-ZIP | Woodland Hills, CA 91367-2402 |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HARWOOD, DENNIS W ESQ. | 6.2 NAME | Solomon, Myrtle L. |
| STREET ADDRESS | 19800 MACARTHUR BLVD., 8TH FL. | 6.3 STREET ADDRESS | 6200 Canoga Avenue |
| CITY-ST-ZIP | IRVINE CA 92715 | 6.4 CITY-ST-ZIP | Woodland Hills, CA 91367-2402 |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Gerald L. Whelply* **Gerald Whelply**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

818-226-6200

CR2E034 (12/95)

5/1/96