

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

**FILED**  
**May 13 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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 91367-2450
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3. Date Incorporated or Qualified <b>09/22/1995</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business 21 <b>26601 Agoura Road</b>	2a. Mailing Address 26 <b>26601 Agoura Road</b>	4. FEI Number <b>95-4111441</b>	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State 23 <b>Calabasas, CA</b>	City & State 28 <b>Calabasas, CA</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip 24 <b>91302</b>	Country 25 <b>U.S.A.</b>	Zip 29 <b>91302</b>	Country 30 <b>U.S.A.</b>
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>INSURANCE COMMISSIONER                  CAPITOL                  TALLAHASSEE FL 32399-0300</b>				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DCEO	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D/P/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRAUN, STANLEY		1.2 NAME William L. Gentz	
STREET ADDRESS 6200 CANOGA AVE.		1.3 STREET ADDRESS 26601 Agoura Road	
CITY-ST-ZIP WOODLAND HILLS CA 91367-2402		1.4 CITY-ST-ZIP Calabasas, CA 91302	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE D/V/CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME AIGNER, DENNIS J		2.2 NAME J. Chris Seaman	
STREET ADDRESS GRADUATE SCHOOL OF MANAGEMENT, U OF CA		2.3 STREET ADDRESS 26601 Agoura Road	
CITY-ST-ZIP IRVINE CA 92717		2.4 CITY-ST-ZIP Calabasas, CA 91302	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ANDERSON, ROBERT M		3.2 NAME C. Len Pecchenino	
STREET ADDRESS 2495 CAMPUS DR.		3.3 STREET ADDRESS 10310 Kopachuck Drive NW	
CITY-ST-ZIP IRVINE CA 92715-1583		3.4 CITY-ST-ZIP Gig Harbor, WA 98335	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARGER, RICHARDS D ESQ.		4.2 NAME Bradley E. Cooper	
STREET ADDRESS 515 SOUTH FLOWER ST., 34TH FL.		4.3 STREET ADDRESS One Chase Manhattan Plaza, 44th Floor	
CITY-ST-ZIP LOS ANGELES CA 90071-2205		4.4 CITY-ST-ZIP New York, NY 10005	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BUSCH, TIMOTHY R ESQ.		5.2 NAME Steven D. Germain	
STREET ADDRESS 2532 DUPONT DR.		5.3 STREET ADDRESS One Chase Manhattan Plaza, 42nd Floor	
CITY-ST-ZIP IRVINE CA 92715		5.4 CITY-ST-ZIP New York, NY 10005	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARWOOD, DENNIS W ESQ.		6.2 NAME Thomas J. Jamieson	
STREET ADDRESS 19800 MACARTHUR BLVD., 8TH FL.		6.3 STREET ADDRESS P.O. Box 1807	
CITY-ST-ZIP IRVINE CA 92715		6.4 CITY-ST-ZIP Bakersfield, CA 93303	

14. I do 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.

SIGNATURE: *Maria...* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Signature: **Natalizio, V.P. Finance** Date: **4/30/97** Daytime Phone #: **(818) 880-1600**

CR2E034 (9/96)