

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

FILED
Apr 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 28801 AGOURA RD CALABASAS CA 91302 US	Mailing Address 28801 AGOURA RD CALABASAS CA 91302 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/22/1995	
21. Suite, Apt. #, etc	22. City & State	26. Suite, Apt. #, etc	27. City & State	4. FEI Number 95-4111441	Applied For <input type="checkbox"/> Not Applicable
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
g. 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.	
				84. City	
				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.					

g. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

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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	DPCE GENTZ, WILLIAM	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	28801 AGOURA RD	1.2 NAME	
CITY-ST-ZIP	CALABASAS CA	1.3 STREET ADDRESS	
TITLE	DVCF SEAMAN, CHRIS J	1.4 CITY-ST-ZIP	
STREET ADDRESS	28801 AGOURA RD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	CALABASAS CA	2.2 NAME	
TITLE	D PECCHENNO, LEN C	2.3 STREET ADDRESS	
STREET ADDRESS	10310 KOPACHUCK DR NW	2.4 CITY-ST-ZIP	
CITY-ST-ZIP	GIG HARBOR WA	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D COOPER, BRADLEY	3.2 NAME	
STREET ADDRESS	ONE CHASE MANHATTAN PLAZA 44TH FLOOR	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	
TITLE	D GERMAIN, STEVEN D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	ONE CHASE MANHATTAN PLAZA 42ND FLOOR	4.2 NAME	
CITY-ST-ZIP	NEW YORK NY	4.3 STREET ADDRESS	
TITLE	D JAMESON, THOMAS J	4.4 CITY-ST-ZIP	
STREET ADDRESS	P.O. BOX 1807	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	BAKERSFIELD CA	5.2 NAME	
	N/A	5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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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, 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 address.

SIGNATURE: *Robert E. Wade* 2/27/98 (818) 880-1600

CR2E034 (10/97)