

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90189 027 \*\*\*150.00

**DOCUMENT # F95000004658**

1. Entity Name

**SUPERIOR PACIFIC CASUALTY COMPANY**

Principal Place of Business

Mailing Address

26601 AGOURA RD  
 CALABASAS CA 91302  
 US

26601 AGOURA RD  
 CALABASAS CA 91302-1959  
 US

2. Principal Place of Business  
 26541 Agoura Road

3. Mailing Address  
 26541 Agoura Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
 Calabasas, CA

City & State  
 Calabasas, CA

4. FEI Number **95-4111441**

Applied For  
 Not Applicable

Zip  
 91302

Country  
 USA

Zip  
 91302

Country  
 USA

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPCF**  Delete  
 NAME **GENTZ, WILLIAM**  
 STREET ADDRESS **26601 AGOURA RD**  
 CITY-ST-ZIP **CALABASAS CA**

TITLE **President**  Change  Addition  
 NAME **Richard Krenz, Esq.**  
 STREET ADDRESS **26541 Agoura Road**  
 CITY-ST-ZIP **Calabasas, CA 91302**

TITLE **DVCF**  Delete  
 NAME **SEAMAN, CHRIS J**  
 STREET ADDRESS **26601 AGOURA RD**  
 CITY-ST-ZIP **CALABASAS CA**

TITLE **Chief Financial Officer**  Change  Addition  
 NAME **David Jolliffe**  
 STREET ADDRESS **26541 Agoura Road**  
 CITY-ST-ZIP **Calabasas, CA 91302**

TITLE **D**  Delete  
 NAME **PECCHENINO, LEN C**  
 STREET ADDRESS **10310 KOPACHUCK DR NW**  
 CITY-ST-ZIP **GIG HARBOR WA**

TITLE **Secretary**  Change  Addition  
 NAME **Patricia Staggs, Esq.**  
 STREET ADDRESS **26541 Agoura Road**  
 CITY-ST-ZIP **Calabasas, CA 91302**

TITLE **D**  Delete  
 NAME **COOPER, BRADLEY**  
 STREET ADDRESS **ONE CHASE MANHATTAN PLAZA 44TH FLOOR**  
 CITY-ST-ZIP **NEW YORK NY**

TITLE **Vice President/Assistant Secretary**  Change  Addition  
 NAME **Trecia M. Nienow, Esq.**  
 STREET ADDRESS **11171 Sun Center Drive**  
 CITY-ST-ZIP **Rancho Cordova, CA 95670**

TITLE **D**  Delete  
 NAME **GERMAIN, STEVEN D**  
 STREET ADDRESS **ONE CHASE MANHATTAN PLAZA 42ND FLOOR**  
 CITY-ST-ZIP **NEW YORK NY**

TITLE **Vice President**  Change  Addition  
 NAME **Thomas I. Boggs, Jr.**  
 STREET ADDRESS **26541 Agoura Road**  
 CITY-ST-ZIP **Calabasas, CA 91302**

TITLE **D**  Delete  
 NAME **JAMIESON, THOMAS J**  
 STREET ADDRESS **P.O. BOX 1807**  
 CITY-ST-ZIP **BAKERSFIELD CA**

TITLE **Vice President**  Change  Addition  
 NAME **Theresa A. Sealy**  
 STREET ADDRESS **26541 Agoura Road**  
 CITY-ST-ZIP **Calabasas, CA 91302**

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **Trecia M. Nienow, Assistant Secretary** 04/28/00 916.859.6536

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)