


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90021 048 ***150.00

DOCUMENT # 808214
 1. Entity Name
PACIFIC INDEMNITY COMPANY



Principal Place of Business
**801 S FIGUEROA ST
 STE 2400
 LOS ANGELES CA 90017**

Mailing Address
**15 MOUNTAINVIEW RD
 WARREN NJ 07059
 US**



MOORE CR2E034 (11/03)

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State Zip Country

4. FEI Number **95-1078160** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CHIEF FINANCIAL OFFICER
 P O BOX 6200 (32314-6200)
 200 E. GAINES ST
 TALLAHASSEE FL 32399-0000**

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	DVS	<input type="checkbox"/> Delete
NAME	GULICK, HENRY G.	
STREET ADDRESS	15 MOUNTAIN VIEW RD	
CITY-ST-ZIP	WARREN NJ	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HARTMAN, DAVID G.	
STREET ADDRESS	15 MOUNTAIN VIEW ROAD	
CITY-ST-ZIP	WARREN MJ	
TITLE	DV	<input type="checkbox"/> Delete
NAME	O'REILLY, MICHAEL	
STREET ADDRESS	15 MOUNTAIN VIEW ROAD	
CITY-ST-ZIP	WARREN NJ	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	GUZZO, WALTER P	
STREET ADDRESS	801 S. FIGUEROA STREET SUITE 2400	
CITY-ST-ZIP	LOS ANGELES CA 90017	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	DARLING, JAMES A	
STREET ADDRESS	TWO PLAZA EAST, SUITE 1450	
CITY-ST-ZIP	MILWAUKEE WI 53202-31	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MOTAMED, THOMAS F	
STREET ADDRESS	150 MOUNTAIN VIEW RD	
CITY-ST-ZIP	WARREN NJ 07059	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James C. Romanelli	
STREET ADDRESS	55 Water Street	
CITY-ST-ZIP	New York, NY 10041	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	120 Fifth Avenue	
CITY-ST-ZIP	Pittsburgh, PA 15222	
TITLE	D/C/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Henry G. Gulick **2-3-04 (908) 903-3561**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #