

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 10, 2003 8:00 am  
Secretary of State

02-10-2003 90119 035 \*\*\*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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 95-1078160

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32304

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 NJ	
TITLE	DV	<input type="checkbox"/> Delete
NAME	O'REILLY, MICHAEL	
STREET ADDRESS	15 MOUNTAIN VIEW ROAD	
CITY-ST-ZIP	WARREN NJ	
TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	O'HARE, DEAN R	
STREET ADDRESS	15 MOUNTAIN VIEW ROAD	
CITY-ST-ZIP	WARREN NJ	
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	

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		<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	Walter P. Guzzo	
STREET ADDRESS	201 S. Figueroa Street, Suite 2400	
CITY-ST-ZIP	Los Angeles, CA 90017-5556	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director, Chairman & President	<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:

*SIGNATURE REQUIRED*  
Henry G. Gulick 2-3-03 (908) 903-3561

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)