

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 26, 2000 8:00 am**
Secretary of State

01-26-2000 90046 036 ***158.75

DOCUMENT # F96000002874

1. Entity Name

PAULA INSURANCE COMPANY

Principal Place of Business

**300 NORTH LAKE AVENUE
SUITE 300
PASADENA CA 91101**

Mailing Address

**P.O. BOX 7211
PASADENA CA 91109-7311**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **95-2905032**

Applied For

Not Applied For

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

6. Name and Address of Current Registered Agent

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

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.

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	COP	<input type="checkbox"/> Delete
NAME	SNIDER, JEFFREY A	
STREET ADDRESS	300 NORTH LAKE AVENUE SUITE 300	
CITY-ST-ZIP	PASADENA CA 91101	

TITLE	COO	<input checked="" type="checkbox"/> Delete
NAME	SLAVITT, ANDREW M	
STREET ADDRESS	300 NORTH LAKE AVENUE SUITE 300	
CITY-ST-ZIP	PASADENA CA 91101	

TITLE	CFO	<input type="checkbox"/> Delete
NAME	NICHOLSON, JAMES A	
STREET ADDRESS	300 NORTH LAKE AVENUE SUITE 300	
CITY-ST-ZIP	PASADENA CA 91101	

TITLE	CC	<input type="checkbox"/> Delete
NAME	CLEMENT, THEODORE S	
STREET ADDRESS	300 NORTH LAKE AVENUE SUITE 300	
CITY-ST-ZIP	PASADENA CA 91101	

TITLE	SVP	<input type="checkbox"/> Delete
NAME	GLORIA, VICTOR III	
STREET ADDRESS	300 NORTH LAKE AVENUE SUITE 300	
CITY-ST-ZIP	PASADENA CA 91101	

TITLE	GCS	<input checked="" type="checkbox"/> Delete
NAME	SERWIN, BRADLEY K	
STREET ADDRESS	300 NORTH LAKE AVENUE SUITE 300	
CITY-ST-ZIP	PASADENA CA 91101	

12. 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		<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	GCS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael B. Annis	
STREET ADDRESS	300 North Lake Avenue, Ste. 2	
CITY-ST-ZIP	Pasadena - CA - 91101	

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 an other like empowered.

SIGNATURE:**Michael B. Annis**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**1-12-00 (626) 405-2463**

Date

Daytime Phone #