

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

**FILED**  
**Jan 21 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F97000003554 (9)**

1. Corporation Name  
**THE EXPLORER INSURANCE COMPANY**



Principal Place of Business: **PO BOX 85563 SAN DIEGO CA 92186-5563**  
 Mailing Address: **PO BOX 85563 SAN DIEGO CA 92186-5563**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

3. Date Incorporated or Qualified: **07/08/1997**

4. FEI Number: **94-2784519** Applied For:  Not Applicable:

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

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. 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)

83

84 City **FL** 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FELDMAN, BERNARD M</b>	1.2 NAME	
STREET ADDRESS	<b>11455 EL CAMINO REAL</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SAN DIEGO CA 92130-2045</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HANNUM, JOHN L</b>	2.2 NAME	
STREET ADDRESS	<b>11455 EL CAMINO REAL</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SAN DIEGO CA 92130-2045</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CANNON, MARY E</b>	3.2 NAME	
STREET ADDRESS	<b>11455 EL CAMINO REAL</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SAN DIEGO CA 92130-2045</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FREET, H M</b>	4.2 NAME	
STREET ADDRESS	<b>11455 EL CAMINO REAL</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SAN DIEGO CA 92130-2045</b>	4.4 CITY-ST-ZIP	
TITLE	<b>CD</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RADY, ERNEST S</b>	5.2 NAME	
STREET ADDRESS	<b>11455 EL CAMINO REAL</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SAN DIEGO CA 92130-2045</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AUSTIN, JAMES W III</b>	6.2 NAME	
STREET ADDRESS	<b>11455 EL CAMINO REAL</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SAN DIEGO CA 92130-2045</b>	6.4 CITY-ST-ZIP	

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 or 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 in an attachment with an address.

SIGNATURE *[Handwritten Signatures]*

CR2E034 (10/97)