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May 06, 1999 8:00 am  
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F97000003554

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

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  \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 25 Country

29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER  
CAPITOL  
TALLAHASSEE FL 32399-0300

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
NAME PD  
FELDMAN, BERNARD M  
STREET ADDRESS 11455 EL CAMINO REAL  
CITY-ST-ZIP SAN DIEGO CA 92130-2045

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE  DELETE  
NAME V  
HANNUM, JOHN L  
STREET ADDRESS 11455 EL CAMINO REAL  
CITY-ST-ZIP SAN DIEGO CA 92130-2045

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  DELETE  
NAME S  
CANNON, MARY E  
STREET ADDRESS 11455 EL CAMINO REAL  
CITY-ST-ZIP SAN DIEGO CA 92130-2045

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  DELETE  
NAME T  
FREET, H M  
STREET ADDRESS 11455 EL CAMINO REAL  
CITY-ST-ZIP SAN DIEGO CA 92130-2045

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME CD  
RADY, ERNEST S  
STREET ADDRESS 11455 EL CAMINO REAL  
CITY-ST-ZIP SAN DIEGO CA 92130-2045

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME D  
AUSTIN, JAMES W III  
STREET ADDRESS 11455 EL CAMINO REAL  
CITY-ST-ZIP SAN DIEGO CA 92130-2045

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 on an attachment with an address, with all other like empowered.

SIGNATURE: James W. Austin III  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

619-350-2400

Date

Daytime Phone #

CR2E034 (1/98)

1033713