

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**  
 04-26-2000 90060 015 \*\*\*150.00

**DOCUMENT # F97000003554**

1. Entity 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
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00039063



DO NOT WRITE IN THIS SPACE

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 <b>94-2784519</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

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 \_\_\_\_\_ (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 State**

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

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	FELDMAN, BERNARD M	
STREET ADDRESS	11455 EL CAMINO REAL	
CITY-ST-ZIP	SAN DIEGO CA 92130-2045	
TITLE	V	<input type="checkbox"/> Delete
NAME	HANNUM, JOHN L	
STREET ADDRESS	11455 EL CAMINO REAL	
CITY-ST-ZIP	SAN DIEGO CA 92130-2045	
TITLE	S	<input type="checkbox"/> Delete
NAME	CANNON, MARY E	
STREET ADDRESS	11455 EL CAMINO REAL	
CITY-ST-ZIP	SAN DIEGO CA 92130-2045	
TITLE	T	<input type="checkbox"/> Delete
NAME	FREET, H M	
STREET ADDRESS	11455 EL CAMINO REAL	
CITY-ST-ZIP	SAN DIEGO CA 92130-2045	
TITLE	CD	<input type="checkbox"/> Delete
NAME	RADY, ERNEST S	
STREET ADDRESS	11455 EL CAMINO REAL	
CITY-ST-ZIP	SAN DIEGO CA 92130-2045	
TITLE	D	<input type="checkbox"/> Delete
NAME	AUSTIN, JAMES W III	
STREET ADDRESS	11455 EL CAMINO REAL	
CITY-ST-ZIP	SAN DIEGO CA 92130-2045	

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	

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 all other like empowered.

SIGNATURE: *J.M. Freet* **J.M. Freet** Date: **4/21/00** (858) 350-2151 Daytime Phone #

CR2E034 (9/99)