

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90012 001 ***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**



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

94-2784519

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input checked="" type="checkbox"/> Delete	PD FELDMAN, BERNARD M 11455 EL CAMINO REAL SAN DIEGO CA 92130-2045	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	V HANNUM, JOHN L 11455 EL CAMINO REAL SAN DIEGO CA 92130-2045	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	S CANNON, MARY E 11455 EL CAMINO REAL SAN DIEGO CA 92130-2045	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	T FREET, H M 11455 EL CAMINO REAL SAN DIEGO CA 92130-2045	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	CD RADY, ERNEST S 11455 EL CAMINO REAL SAN DIEGO CA 92130-2045	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	President Rady, Ernest S 11455 El Camino Real San Diego, CA 92130-2045
<input type="checkbox"/> Delete	D AUSTIN, JAMES W III 11455 EL CAMINO REAL SAN DIEGO CA 92130-2045	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:

Fred Rostamian/V.P. & Controller 04/12/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

ATTACH # F97000003554/645428



THE TREASURER OF THE STATE OF FLORIDA
DEPARTMENT OF INSURANCE

TOM GALLAGHER

CHECK RELEASE TRANSMITTAL LETTER

Wednesday, April 24, 2002

Reference Number: 3858

The attached check(s) and documents are released to:
Division of Corporations - Department of State

By: Loretta McDaniel

I hereby acknowledge receipt of the following checks:

Remitter	Check Number	Amount
Explorer Insurance Company	1974	\$150.00

Signature and date of person receiving documents:

Please retain one copy for your records. Sign one copy and return to:
FLORIDA DEPARTMENT OF INSURANCE
RECEIPTS ACCOUNTING SECTION
LARSON BUILDING, ROOM G-16
TALLAHASSEE, FL 32399-0315
TELEPHONE (850)413-2147

DI4-714
REVISED 01-95