
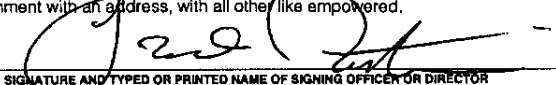


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90727 050 ***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				
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 <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	FELDMAN, BERNARD M		NAME				
STREET ADDRESS	11455 EL CAMINO REAL		STREET ADDRESS				
CITY-ST-ZIP	SAN DIEGO, CA 92130		CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HANNUM, JOHN L		NAME				
STREET ADDRESS	11455 EL CAMINO REAL		STREET ADDRESS				
CITY-ST-ZIP	SAN DIEGO, CA 921302045		CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	CANNON, MARY E		NAME				
STREET ADDRESS	11455 EL CAMINO REAL		STREET ADDRESS				
CITY-ST-ZIP	SAN DIEGO, CA 921302045		CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	FREET, H M		NAME				
STREET ADDRESS	11455 EL CAMINO REAL		STREET ADDRESS				
CITY-ST-ZIP	SAN DIEGO, CA 921302045		CITY-ST-ZIP				
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	RADY, ERNEST S		NAME				
STREET ADDRESS	11455 EL CAMINO REAL		STREET ADDRESS				
CITY-ST-ZIP	SAN DIEGO, CA 92130		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	AUSTIN, JAMES W III		NAME				
STREET ADDRESS	11455 EL CAMINO REAL		STREET ADDRESS				
CITY-ST-ZIP	SAN DIEGO, CA 921302045		CITY-ST-ZIP				
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 			04/26/04		858-350-2400		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #		