


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2007 08:00 AM
Secretary of State

DOCUMENT # F97000003554 1. Entity Name EXPLORER INSURANCE COMPANY	
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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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DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

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

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

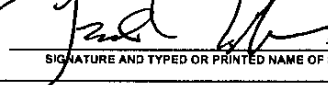
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELDMAN, BERNARD M 11455 EL CAMINO REAL SAN DIEGO, CA 92130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HANNUM, JOHN L 11455 EL CAMINO REAL SAN DIEGO, CA 921302045
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CANNON, MARY E 11455 EL CAMINO REAL SAN DIEGO, CA 921302045
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FREET, H M 11455 EL CAMINO REAL SAN DIEGO, CA 921302045
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRIOR, KEVIN MICHAEL 11455 EL CAMINO REAL SAN DIEGO, CA 92130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUSTIN, JAMES W III 11455 EL CAMINO REAL SAN DIEGO, CA 921302045

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02/02/07-80050-022 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Fred Rostamian 01/12/07 (858) 350-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #