

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000003554

FILED
Mar 05, 2009
Secretary of State

Entity Name: EXPLORER INSURANCE COMPANY

Current Principal Place of Business:

PO BOX 85563
SAN DIEGO, CA 921865563

New Principal Place of Business:

11455 EL CAMINO REAL
SAN DIEGO, CA 921302045 US

Current Mailing Address:

PO BOX 85563
SAN DIEGO, CA 921865563

New Mailing Address:

11455 EL CAMINO REAL
SAN DIEGO, CA 921302045 US

FEI Number: 94-2784519

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FELDMAN, BERNARD M
Address: 11455 EL CAMINO REAL
City-St-Zip: SAN DIEGO, CA 92130

Title: V () Delete
Name: HANNUM, JOHN L
Address: 11455 EL CAMINO REAL
City-St-Zip: SAN DIEGO, CA 921302045

Title: S () Delete
Name: CANNON, MARY E
Address: 11455 EL CAMINO REAL
City-St-Zip: SAN DIEGO, CA 921302045

Title: T () Delete
Name: FREET, H M
Address: 11455 EL CAMINO REAL
City-St-Zip: SAN DIEGO, CA 921302045

Title: P () Delete
Name: PRIOR, KEVIN MICHAEL
Address: 11455 EL CAMINO REAL
City-St-Zip: SAN DIEGO, CA 92130

Title: D () Delete
Name: AUSTIN, JAMES W III
Address: 11455 EL CAMINO REAL
City-St-Zip: SAN DIEGO, CA 921302045

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRED ROSTAMIAN

V

03/05/2009

Electronic Signature of Signing Officer or Director

Date