

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000003554

FILED
Jan 06, 2012
Secretary of State

Entity Name: EXPLORER INSURANCE COMPANY

Current Principal Place of Business:

11455 EL CAMINO REAL
SAN DIEGO, CA 921302045 US

New Principal Place of Business:

Current Mailing Address:

11455 EL CAMINO REAL
SAN DIEGO, CA 921302045 US

New Mailing Address:

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

OFFICERS AND DIRECTORS:

Title: D
Name: FELDMAN, BERNARD M
Address: 11455 EL CAMINO REAL
City-St-Zip: SAN DIEGO, CA 921302045 US

Title: D
Name: RADY, ERNEST S
Address: 11455 EL CAMINO REAL
City-St-Zip: SAN DIEGO, CA 921302045 US

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

Title: CFO
Name: ROSTAMIAN, FARIBORZ (FRED
Address: 11455 EL CAMINO REAL
City-St-Zip: SAN DIEGO, CA 921302045 US

Title: P
Name: PRIOR, KEVIN M
Address: 11455 EL CAMINO REAL
City-St-Zip: SAN DIEGO, CA 921302045 US

Title: SVP
Name: HOPPEN, DAVID G
Address: 11455 EL CAMINO REAL
City-St-Zip: SAN DIEGO, CA 921302045 US

I hereby 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 all other like empowered.

SIGNATURE: MARY E. CANNON

S

01/06/2012

Electronic Signature of Signing Officer or Director

_____ Date