

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90037 045 ***150.00

DOCUMENT # F99000000940

1. Entity Name

PACIFIC SPECIALTY INSURANCE COMPANY

Principal Place of Business

Mailing Address

3601 HAVEN AVE.
 MENLO PARK CA 94025

3601 HAVEN AVE.
 MENLO PARK CA 94025-1064

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

94-3092010

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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 _____ (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, 2000 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

TITLE Delete
 NAME **CPD MCGRAW, JOHN V JR.**
 STREET ADDRESS **3601 HAVEN AVE.**
 CITY-ST-ZIP **MENLO PARK CA 94025**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D HULBERT, CARL A**
 STREET ADDRESS **3601 HAVEN AVE.**
 CITY-ST-ZIP **MENLO PARK CA 94025**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D CROAK, RICHARD D**
 STREET ADDRESS **3601 HAVEN AVE.**
 CITY-ST-ZIP **MENLO PARK CA 94025**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D MCGRAW, JOHN M**
 STREET ADDRESS **3601 HAVEN AVE.**
 CITY-ST-ZIP **MENLO PARK CA 94025**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **V MCGRAW, MICHAEL J**
 STREET ADDRESS **3601 HAVEN AVE.**
 CITY-ST-ZIP **MENLO PARK CA 94025**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **ST MCGRAW, JOAN D**
 STREET ADDRESS **3601 HAVEN AVE.**
 CITY-ST-ZIP **MENLO PARK CA 94025**

TITLE Change Addition
 NAME **ST MCGRAW, ANN M.**
 STREET ADDRESS **3601 HAVEN AVE.**
 CITY-ST-ZIP **MENLO PARK, CA 94025**

13. 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-00 (650) 556-8269
 Date Daytime Phone #

CR2E034 (9/99)