

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

0316173
 AT

03-14-2002 90022 045 ***150.00

DOCUMENT # F99000000940

1. Entity Name
PACIFIC SPECIALTY INSURANCE COMPANY

Principal Place of Business: **3601 HAVEN AVE. MENLO PARK CA 94025**
 Mailing Address: **3601 HAVEN AVE. MENLO PARK CA 94025**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State

4. FEI Number: **94-3092010** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**INSURANCE COMMISSIONER
 CAPITOL
 TALLAHASSEE FL 32399-0300**

7. Name and Address of New Registered Agent
 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, 2002 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: CPD NAME: MCGRAW, JOHN V JR. STREET ADDRESS: 3601 HAVEN AVE. CITY-ST-ZIP: MENLO PARK CA 94025	<input type="checkbox"/> Delete	TITLE: VT NAME: FOWLER, RICHARD L. STREET ADDRESS: 3601 HAVEN AVE CITY-ST-ZIP: MENLO PARK, CA 94025	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: DVS NAME: SUMMERS, TIMOTHY J STREET ADDRESS: 3601 HAVEN AVE. CITY-ST-ZIP: MENLO PARK CA 94025	<input type="checkbox"/> Delete	TITLE: DV NAME: MCSWEENEY, BRIAN J. STREET ADDRESS: 3601 HAVEN AVE. CITY-ST-ZIP: MENLO PARK, CA 94025	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: CROAK, RICHARD D STREET ADDRESS: 3601 HAVEN AVE. CITY-ST-ZIP: MENLO PARK CA 94025	<input type="checkbox"/> Delete	TITLE: D NAME: BECKER, EUGENE E. STREET ADDRESS: 3601 HAVEN AVE. CITY-ST-ZIP: MENLO PARK, CA 94025	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: MCGRAW, JOHN M STREET ADDRESS: 3601 HAVEN AVE. CITY-ST-ZIP: MENLO PARK CA 94025	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: MCGRAW, MICHAEL J STREET ADDRESS: 3601 HAVEN AVE. CITY-ST-ZIP: MENLO PARK CA 94025	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: MCGRAW, ANN M STREET ADDRESS: 3601 HAVEN AVE. CITY-ST-ZIP: MENLO PARK CA 94025	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 employment.

SIGNATURE: *[Signature]* Date: **2-22-02** Daytime Phone #: **650-556-8202**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)