


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90042 016 ***150.00


DOCUMENT # F99000000940
 1. Entity Name
PACIFIC SPECIALTY INSURANCE COMPANY



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

2. Principal Place of Business 3. Mailing Address
Same above - *Same above -*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country



1st MOORE CR2E034 (10/04)

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

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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	CPD	<input type="checkbox"/> Delete
NAME	MCGRAW, JOHN V JR.	
STREET ADDRESS	3601 HAVEN AVE.	
CITY-ST-ZIP	MENLO PARK CA 94025	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	SUMMERS, TIMOTHY J	
STREET ADDRESS	3601 HAVEN AVE.	
CITY-ST-ZIP	MENLO PARK CA 94025	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CROAK, RICHARD D	
STREET ADDRESS	3601 HAVEN AVE.	
CITY-ST-ZIP	MENLO PARK CA 94025	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCGRAW, JOHN M	
STREET ADDRESS	3601 HAVEN AVE.	
CITY-ST-ZIP	MENLO PARK CA 94025	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCGRAW, MICHAEL J	
STREET ADDRESS	3601 HAVEN AVE.	
CITY-ST-ZIP	MENLO PARK CA 94025	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCGRAW, ANN M	
STREET ADDRESS	3601 HAVEN AVE.	
CITY-ST-ZIP	MENLO PARK CA 94025	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William F. McCantley	
STREET ADDRESS	3601 HAVEN AVENUE	
CITY-ST-ZIP	MENLO PARK, CA 94025	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David Lee Sachs CFO-VP* *1/27/05* *650-780-4019/3712*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #