

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 808214

**FILED**  
**Feb 04, 2016**  
**Secretary of State**  
**CC6473457932**

**Entity Name:** PACIFIC INDEMNITY COMPANY

**Current Principal Place of Business:**

TWO PLAZA EAST  
330 E KILBOURN AVE STE 1450  
MILWAUKEE, WI 53202

**Current Mailing Address:**

C/O MADELYN BALLESTEROS  
15 MOUNTAIN VIEW ROAD  
WARREN, NJ 07059 US

**FEI Number:** 95-1078160

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 US

*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

**Officer/Director Detail :**

Title DVPS  
Name BRUNDAGE, MAUREEN A  
Address 15 MOUNTAIN VIEW RD  
City-State-Zip: WARREN NJ 07059

Title DVP  
Name BARNES, W.BRIAN  
Address 15 MOUNTAIN VIEW ROAD  
City-State-Zip: WARREN NJ 07059

Title SVPCFOD  
Name SPIRO, RICHARD G  
Address 15 MOUNTAIN VIEW ROAD  
City-State-Zip: WARREN NJ 07059

Title DPC  
Name KRUMP, PAUL J  
Address 15 MOUNTAIN VIEW ROAD  
City-State-Zip: WARREN NJ 07059

Title DVP  
Name DARLING, JAMES A  
Address 555 S. FLOWER ST.  
City-State-Zip: LOS ANGELES CA 90071

Title D  
Name MORRISON, HAROLD L. JR.  
Address 15 MOUNTAIN VIEW ROAD  
City-State-Zip: WARREN NJ 07059

Title D  
Name KENNEDY, JOHN J.  
Address 15 MOUNTAIN VIEW ROAD  
City-State-Zip: WARREN NJ 07059

Title VPTD  
Name PACICCO, DANIEL A.  
Address 15 MOUNTAIN VIEW ROAD  
City-State-Zip: WARREN NJ 07059

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*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:** MADELYN A. BALLESTEROS

**ASSISTANT SECRETARY** 02/04/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title D  
Name UPDYKE, JEFFREY A.  
Address 555 LONG WHARF DRIVE  
City-State-Zip: NEW HAVEN CT 06511

Title ASSISTANT SECRETARY  
Name BALLESTEROS, MADELYN  
Address C/O MADELYN BALLESTEROS  
15 MOUNTAIN VIEW ROAD  
City-State-Zip: WARREN NJ 07059