

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 808214

FILED
Jan 08, 2015
Secretary of State
CC6479560857

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 PATRICIA TOMCZYK
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 DP
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 DC
Name ROBUSTO, DINO E
Address 15 MOUNTAIN VIEW RD
City-State-Zip: WARREN NJ 07059

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

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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: PATRICIA TOMCZYK

ASSISTANT SECRETARY 01/08/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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