

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F97000003554

**FILED**  
**May 02, 2023**  
**Secretary of State**  
**1846865072CC**

**Entity Name:** EXPLORER INSURANCE COMPANY

**Current Principal Place of Business:**

15025 INNOVATION DRIVE  
SAN DIEGO, CA 92128-3409

**Current Mailing Address:**

15025 INNOVATION DRIVE  
SAN DIEGO, CA 92128-3409 US

**FEI Number:** 94-2784519

**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 DIRECTOR  
Name FELDMAN, BERNARD M  
Address 3430 CARMEL MOUNTAIN ROAD,  
SUITE 150  
City-State-Zip: SAN DIEGO CA 92121

Title CHAIRMAN, DIRECTOR  
Name RADY, ERNEST S  
Address 3430 CARMEL MOUNTAIN ROAD,  
SUITE 150  
City-State-Zip: SAN DIEGO CA 92121

Title SECRETARY, DIRECTOR  
Name WARNICK, MICHAEL P  
Address 15025 INNOVATION DRIVE  
City-State-Zip: SAN DIEGO CA 92128-3409

Title CFO, DIRECTOR, TREASURER  
Name RATHSAM, NICOLE  
Address 15025 INNOVATION DRIVE  
City-State-Zip: SAN DIEGO CA 92128-3409

Title OFFICER  
Name ZAMORA, PAUL  
Address 15025 INNOVATION DRIVE  
City-State-Zip: SAN DIEGO CA 92128-3409

Title OFFICER  
Name KARLAN, SUSAN  
Address 15025 INNOVATION DRIVE  
City-State-Zip: SAN DIEGO CA 92128-3409

Title OFFICER  
Name GRANGER, AMANDA  
Address 15025 INNOVATION DRIVE  
City-State-Zip: SAN DIEGO CA 92128-3409

Title OFFICER  
Name ROSSEN, DANIEL  
Address 15025 INNOVATION DRIVE  
City-State-Zip: SAN DIEGO CA 92128-3409

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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: MICHAEL WARNICK**

**SECRETARY**

**05/02/2023**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title OFFICER  
Name DEVIERE, ROBERT  
Address 15025 INNOVATION DRIVE  
City-State-Zip: SAN DIEGO CA 92128-3409

Title OFFICER  
Name REILLY, DAVID  
Address 15025 INNOVATION DRIVE  
City-State-Zip: SAN DIEGO CA 92128-3409

Title OFFICER  
Name LOCKSY, CHRISTINE  
Address 15025 INNOVATION DRIVE  
City-State-Zip: SAN DIEGO CA 92128-3409

Title PRESIDENT  
Name NOVAK, JOHN  
Address 15025 INNOVATION DRIVE  
City-State-Zip: SAN DIEGO CA 92128