2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000000940

Entity Name: PACIFIC SPECIALTY INSURANCE COMPANY

Current Principal Place of Business:

3601 HAVEN AVE.

MENLO PARK. CA 94025

Current Mailing Address:

3601 HAVEN AVE.

MENLO PARK. CA 94025

FEI Number: 94-3092010 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: BRIAN COHEN 01/21/2016

Electronic Signature of Registered Agent

Date

FILED Jan 21, 2016

Secretary of State

CC3135173348

Officer/Director Detail:

Title DIRECTOR Title PRESIDENT, DIRECTOR

MCGRAW, JOHN VJR. CHU, JOHN Name Name

3601 HAVEN AVE. 3601 HAVEN AVE. Address Address

City-State-Zip: MENLO PARK CA 94025 MENLO PARK CA 94025 City-State-Zip:

Title DIRECTOR Title SECRETARY, DIRECTOR

Name MCGRAW, MICHAEL J Name DRISCOLL, CARLEEN Address 3601 HAVEN AVE.

Address 3601 HAVEN AVE.

MENLO PARK CA 94025 City-State-Zip: City-State-Zip: MENLO PARK CA 94025

Title DIRECTOR Title **DIRECTOR**

Name KENDRICK, KEVIN OLIMAN, ROBERT Name Address 3601 HAVEN AVE. Address 3601 HAVEN AVE.

City-State-Zip: MENLO PARK CA 94025 MENLO PARK CA 94025 City-State-Zip:

Title DIRECTOR Title **TREASURER**

Name SNEDAKER, DIANNE PERSSE, PATRICK JOSEPH Name 3601 HAVEN AVENUE Address 3601 HAVEN AVENUE Address City-State-Zip: MENLO PARK CA 94025 MENLO PARK CA 94025 City-State-Zip:

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.

01/21/2016 SIGNATURE: CARLEEN DRISCOLL SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date