

**2013 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  
P O BOX 6200 (32314-6200)  
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 DC  
Name MCGRAW, JOHN VJR.  
Address 3601 HAVEN AVE.  
City-State-Zip: MENLO PARK CA 94025

Title PRESIDENT  
Name COHEN, BRIAN  
Address 3601 HAVEN AVE.  
City-State-Zip: MENLO PARK CA 94025

Title SECRETARY  
Name DRISCOLL, CARLEEN  
Address 3601 HAVEN AVE.  
City-State-Zip: MENLO PARK CA 94025

Title S  
Name MCGRAW, JOHN M  
Address 3601 HAVEN AVE.  
City-State-Zip: MENLO PARK CA 94025

Title D  
Name MCGRAW, MICHAEL J  
Address 3601 HAVEN AVE.  
City-State-Zip: MENLO PARK CA 94025

Title SD  
Name MCGRAW, ANN M  
Address 3601 HAVEN AVE.  
City-State-Zip: MENLO PARK CA 94025

*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: BRIAN COHEN**

**PRESIDENT**

**01/09/2013**

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

\_\_\_\_\_  
Date