

2015 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: Yes

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

01/08/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title PRESIDENT, DIRECTOR
Name CHU, JOHN
Address 3601 HAVEN AVE.
City-State-Zip: MENLO PARK CA 94025

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

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

Title DIRECTOR
Name OLIMAN, ROBERT
Address 3601 HAVEN AVE.
City-State-Zip: MENLO PARK CA 94025

Title DIRECTOR
Name KENDRICK, KEVIN
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: CARLEEN DRISCOLL

SECRETARY

01/08/2015

Electronic Signature of Signing Officer/Director Detail

Date