FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **805579** **(0)**

1. Corporation Name

PACIFIC EMPLOYERS INSURANCE COMPANY

Principal Place of Business	Mailing Address
TWO LIBERTY PLACE 1601 CHESTNUT ST PHILADELPHIA PA 19192	TWO LIBERTY PLACE 1601 CHESTNUT ST PHILADELPHIA PA 19192

3. Date Incorporated or Qualified: **12/31/1942**
3a. Date of Last Report: **04/20/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **95-1077060** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE INSURANCE COMMISSIONER
THE CAPITOL BLDG
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0202 and 607.1504, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	MULLIGAN, GEORGE D		12 NAME	
STREET ADDRESS	1601 CHESTNUT ST.		13 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA		14 CITY-ST-ZIP	
TITLE	VT	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	BLENDER, MARCY F.		22 NAME	
STREET ADDRESS	1601 CHESTNUT ST		23 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA, PA 0		24 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	FRANKLIN, RICHARD C		32 NAME	
STREET ADDRESS	1601 CHESTNUT ST.		33 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA		34 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	KANE, DENNIS P		42 NAME	
STREET ADDRESS	1601 CHESTNUT ST		43 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA		44 CITY-ST-ZIP	
TITLE	DC	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	ISOM, GERALD A		52 NAME	
STREET ADDRESS	1601 CHESTNUT ST.		53 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA		54 CITY-ST-ZIP	
TITLE	V	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME	SEARS, JAMES A.		62 NAME	
STREET ADDRESS	1601 CHESTNUT ST		63 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA		64 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this report is complete, accurate and that my 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 in Block 12 or Block 13 with an address.

SIGNATURE: Gerald Mulligan 3/18/96 761-2907
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)