FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Feb 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/31/1942

2. Principal Place of Business	2a. Mailing Address
21	26 1601 Chestnut Street
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 TL21G
City & State 23	City & State 28 Philadelphia, PA
Zip 24 / Country 25	Zip 29 19192 / 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE INSURANCE COMMISSIONER THE CAPITOL BLDG TALLAHASSEE FL 32301	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 Sections 607.0502 and 607.1508, 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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MULLIGAN, GEORGE D		1.2 NAME		
STREET ADDRESS	1601 CHESTNUT ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA		1.4 CITY-ST-ZIP		
TITLE	VT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GARRETT, KENNETH R		2.2 NAME		
STREET ADDRESS	1601 CHESTNUT ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA, PA 0		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FRANKLIN, RICHARD C		3.2 NAME		
STREET ADDRESS	1601 CHESTNUT ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA		3.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KANE, DENNIS P		4.2 NAME		
STREET ADDRESS	1601 CHESTNUT ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA		4.4 CITY-ST-ZIP		
TITLE	DC	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ISOM, GERALD A		5.2 NAME		
STREET ADDRESS	1601 CHESTNUT ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA		5.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SEARS, JAMES A.		6.2 NAME		
STREET ADDRESS	1601 CHESTNUT ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and 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 if changed or on an attachment with an address.

SIGNATURE: _____ 2/19/98 (215) 761-2907