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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90228 019 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 805579

1. Corporation Name

PACIFIC EMPLOYERS INSURANCE COMPANY

Principal Place of Business

1601 CHESTNUT STREET
TL21G
PHILADELPHIA PA 19192
US

Mailing Address

TWO LIBERTY PLACE
1601 CHESTNUT ST
PHILADELPHIA PA 19192

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

12/31/1942

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 the current year Intangible
Personal Property Tax. ☐ 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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	S	☐ DELETE
NAME	MULLIGAN, GEORGE D	
STREET ADDRESS	1601 CHESTNUT ST.	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	VT	☐ DELETE
NAME	GARRETT, KENNETH R	
STREET ADDRESS	1601 CHESTNUT ST	
CITY-ST-ZIP	PHILADELPHIA, PA 0	
TITLE	PD	☐ DELETE
NAME	FRANKLIN, RICHARD C	
STREET ADDRESS	1601 CHESTNUT ST.	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	DV	☐ DELETE
NAME	KANE, DENNIS P	
STREET ADDRESS	1601 CHESTNUT ST	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	DC	☐ DELETE
NAME	ISOM, GERALD A	
STREET ADDRESS	1601 CHESTNUT ST.	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	V	☒ DELETE
NAME	SEARS, JAMES A.	
STREET ADDRESS	1601 CHESTNUT ST	
CITY-ST-ZIP	PHILADELPHIA PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☒ Addition
5.2 NAME	DV John A. Murphy, Jr.
5.3 STREET ADDRESS	1601 Chestnut Street
5.4 CITY-ST-ZIP	Philadelphia, PA 19192
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

Signature REQUIRED

4-19-99

215-761-2907

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)