

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 808214

FILED  
Oct 09, 2008  
Secretary of State

Entity Name: PACIFIC INDEMNITY COMPANY

## Current Principal Place of Business:

TWO PLAZA EAST  
330 E KILBOURN AVE STE 1450  
MILWAUKEE, WI 53202

## New Principal Place of Business:

## Current Mailing Address:

15 MOUNTAINVIEW RD  
WARREN, NJ 07059 US

## New Mailing Address:

C/O PATRICIA TOMCZYK  
15 MOUNTAIN VIEW ROAD  
WARREN, NJ 07059 US

FEI Number: 95-1078160

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

## Name and Address of New Registered Agent:

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: NOT REQUIRED

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DVPS ( ) Delete  
Name: MACAN, W.ANDREW  
Address: 15 MOUNTAIN VIEW RD  
City-St-Zip: WARREN, NJ 07059

Title: DVP ( ) Delete  
Name: BARNES, W.BRIAN  
Address: 15 MOUNTAIN VIEW ROAD  
City-St-Zip: WARREN, NJ 07059

Title: DV ( ) Delete  
Name: O'REILLY, MICHAEL  
Address: 15 MOUNTAIN VIEW ROAD  
City-St-Zip: WARREN, NJ 07059

Title: DVP ( ) Delete  
Name: ROMANELLI, JAMES  
Address: 330 EAST KILBOURN AVE  
City-St-Zip: MILWAUKEE, WI 53202

Title: DVP ( ) Delete  
Name: DARLING, JAMES A  
Address: 120 FIFTH AVE.  
City-St-Zip: PITTSBURGH, PA 15222

Title: DCP ( ) Delete  
Name: MOTAMED, THOMAS F  
Address: 150 MOUNTAIN VIEW RD  
City-St-Zip: WARREN, NJ 07059

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVPS (X) Change ( ) Addition  
Name: MACAN, WILLIAM A  
Address: 15 MOUNTAIN VIEW RD  
City-St-Zip: WARREN, NJ 07059

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DVP (X) Change ( ) Addition  
Name: ROMANELLI, JAMES  
Address: 333 EARLE OVINGTON BOULEVARD  
City-St-Zip: UNIONDALE, NY 11553

Title: DVP (X) Change ( ) Addition  
Name: DARLING, JAMES A  
Address: 555 S. FLOWER ST.  
City-St-Zip: LOS ANGELES, CA 90071

Title: DCP (X) Change ( ) Addition  
Name: DEGNAN, JOHN J  
Address: 15 MOUNTAIN VIEW RD  
City-St-Zip: WARREN, NJ 07059

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PATRICIA TOMCZYK

AS

10/09/2008

Electronic Signature of Signing Officer or Director

Date