

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **818145 (5)**

1. Corporation Name

UNITED PACIFIC INSURANCE COMPANY



Principal Place of Business

Mailing Address

**4 PENN CENTER PLAZA
PHILADELPHIA PA 19103**

**4 PENN CENTER PLAZA
PHILADELPHIA PA 19103**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
08/27/1964

3a. Date of Last Report
04/25/1995

4. FEI Number
91-0449750

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

10. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
THE CAPITAL
TALLAHASSEE FL**

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 of registered agent or person designated to file this report

Print the Registered Agent's name and address

Date

12. OFFICERS AND DIRECTORS

TITLE	DCBP	<input checked="" type="checkbox"/> DELETE
NAME	CASE, DEAN W	
STREET ADDRESS	4 PENN CENTER PL	
CITY- ST- ZIP	PHIL PA	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MOYER, RICHARD R	
STREET ADDRESS	4 PENN CENTER PLAZA	
CITY- ST- ZIP	PHILADELPHIA PA	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	NESPOLI, LEONARD D.	
STREET ADDRESS	4 PENN CENTER PLAZA	
CITY- ST- ZIP	PHILADELPHIA PA	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	KRISOWATY, ROBERT	
STREET ADDRESS	4 PENN CENTER PLZ	
CITY- ST- ZIP	PHILADELPHIA PA	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	YACOBUCCI, JAMES E.	
STREET ADDRESS	55 E 52ND ST.	
CITY- ST- ZIP	NEW YORK, NY.	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ROUTLEDGE, LEE H	
STREET ADDRESS	4 PENN CENTER PL.	
CITY- ST- ZIP	PHILA. PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DCBP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Robert C. Olsman	
1.3 STREET ADDRESS	4 Penn Center Plaza	
1.4 CITY- ST- ZIP	Philadelphia, PA 19103	
2.1 TITLE	D Sr. VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jerome H. Carr	
2.3 STREET ADDRESS	4 Penn Center Plaza	
2.4 CITY- ST- ZIP	Philadelphia, PA 19103	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

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***200.00

5-1-96
pm

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 (215) 864-4470

CR2E034 (12/95)