

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

FILED  
May 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 818145 (5)

1. Corporation Name  
UNITED PACIFIC INSURANCE COMPANY

Principal Place of Business  
4 PENN CENTER PLAZA  
PHILADELPHIA PA 19103

Mailing Address  
4 PENN CENTER PLAZA  
PHILADELPHIA PA 19103



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 THREE PARKWAY Suite, Apt. #, etc. 22 City & State 23 PHILADELPHIA, PA Zip 19102 Country USA		2a. Mailing Address 26 THREE PARKWAY Suite, Apt. #, etc. 27 City & State 28 PHILADELPHIA, PA Zip 19102 Country USA		3. Date Incorporated or Qualified 08/27/1964	
4. FEI Number 91-0449750		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER THE CAPITAL TALLAHASSEE FL			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	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP DCBP OLSMAN, ROBERT C 4 PENN CENTER PL PHIL PA 19103 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP THREE PARKWAY PHILADELPHIA, PA 19102 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP DSRV CARR, JEROME H 4 PENN CENTER PLAZA PHILADELPHIA PA 19103 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP THREE PARKWAY PHILADELPHIA, PA 19102 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP AT NESPOLI, LEONARD D. 4 PENN CENTER PLAZA PHILADELPHIA PA <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP THREE PARKWAY PHILADELPHIA, PA 19102 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP SVP KRISOWATY, ROBERT 4 PENN CENTER PLZ PHILADELPHIA PA <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP THREE PARKWAY PHILADELPHIA, PA 19102 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP SVP YACOBUCCHI, JAMES E. 65 E 52ND ST. NEW YORK, NY. <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP S ROUTLEDGE, LEE H 4 PENN CENTER PL. PHILA. PA <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP SECRETARY LINDA S. KAISER THREE PARKWAY PHILADELPHIA, PA 19102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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.

CR2E034 (10/97)

4-38-58 215-864-1420