

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90063 023 ***150.00

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DOCUMENT # 818145

1. Corporation Name

UNITED PACIFIC INSURANCE COMPANY

Principal Place of Business

PENN CENTER PLAZA
THREE PARKWAY
PHILADELPHIA PA 19102
US

Mailing Address

PENN CENTER PLAZA
THREE PARKWAY
PHILADELPHIA PA 19102
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/27/1964

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 owes the current year Intangible

Personal Property Tax.

Yes No

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

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DCBP	OLSMAN, ROBERT C	THREE PARKWAY	PHIL PA 19102	<input type="checkbox"/>
DSRV	CARR, JEROME H	THREE PARKWAY	PHILADELPHIA PA 19102	<input type="checkbox"/>
AT	NESPOLI, LEONARD D.	THREE PARKWAY	PHILADELPHIA PA 19102	<input type="checkbox"/>
SVP	KRISOWATY, ROBERT	THREE PARKWAY	PHILADELPHIA PA 19102	<input type="checkbox"/>
SVP	YACOBUCCI, JAMES E.	55 E 52ND ST.	NEW YORK, NY.	<input type="checkbox"/>
S	KAISER, LINDA S.	THREE PARKWAY	PHILA. PA 19102	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
1.1	1.2	1.3	1.4	<input type="checkbox"/>	<input type="checkbox"/>
2.1	2.2	2.3	2.4	<input type="checkbox"/>	<input type="checkbox"/>
3.1	3.2	3.3	3.4	<input type="checkbox"/>	<input type="checkbox"/>
4.1	4.2	4.3	4.4	<input type="checkbox"/>	<input type="checkbox"/>
5.1	5.2	5.3	5.4	<input type="checkbox"/>	<input type="checkbox"/>
6.1	6.2	6.3	6.4	<input type="checkbox"/>	<input type="checkbox"/>

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:

Linda S. Kaiser

REQUIRE

LINDA S. KAISER 3-22-99 215 864-1420

Date

Daytime Phone #

CR2E034 (11/98)