

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 22, 2002 8:00 am
Secretary of State

07-22-2002 90166 025 ***550.00

DOCUMENT # F01000005185

1. Entity Name
EAGLE PACIFIC INSURANCE COMPANY

Principal Place of Business

**2101 4TH AVE. STE 1700
 SEATTLE WA 98121**

Mailing Address

**2101 4TH AVE. STE 1700
 SEATTLE WA 98121**

2. Principal Place of Business

3. Mailing Address

P.O. BOX 91100

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
SEATTLE, WA

4. FEI Number **91-1043947**

Applied For
 Not Applicable

Zip

Country

Zip
98111

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLANCETT, JUDY
 % CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$550.00
 After September 13, 2002 Fee will be \$750.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PD PASQUALETTO, JOHN G**
 STREET ADDRESS **ONE KEMPER DRIVE**
 CITY-ST-ZIP **LONG GROVE IL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **S CONWAY, JOHN K**
 STREET ADDRESS **ONE KEMPER DRIVE**
 CITY-ST-ZIP **LONG GROVE IL**

TITLE ☐ Change ☒ Addition
 NAME **S OHRINGER, MARK J**
 STREET ADDRESS **ONE KEMPER DRIVE**
 CITY-ST-ZIP **LONG GROVE, IL**

TITLE ☐ Delete
 NAME **CD SMITH, WILLIAM D**
 STREET ADDRESS **ONE KEMPER DRIVE**
 CITY-ST-ZIP **LONG GROVE IL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D JOSEPHSON, MURAL R**
 STREET ADDRESS **ONE KEMPER DRIVE**
 CITY-ST-ZIP **LONG GROVE IL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **T JUAREZ, ERIC M**
 STREET ADDRESS **681 S. PARKER STREET, STE 200**
 CITY-ST-ZIP **ORANGE CA**

TITLE ☐ Change ☒ Addition
 NAME **T MANNING, JOSEPH I**
 STREET ADDRESS **2101 4TH AVE, SUITE 1700**
 CITY-ST-ZIP **SEATTLE, WA 98121**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED JOSEPH I. MANNING

7/8/02

206-770-8327

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)