

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # F99000000940

1. Entity Name
PACIFIC SPECIALTY INSURANCE COMPANY



Principal Place of Business
**3601 HAVEN AVE.
MENLO PARK, CA 94025**

Mailing Address
**3601 HAVEN AVE.
MENLO PARK, CA 94025**



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
94-3092010 Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**1100000008338
02/01/07-80006-009 150.00**

10. OFFICERS AND DIRECTORS

TITLE	CPD
NAME	MCGRAW, JOHN V JR.
STREET ADDRESS	3601 HAVEN AVE.
CITY-ST-ZIP	MENLO PARK, CA 94025
TITLE	DVS
NAME	SUMMERS, TIMOTHY J
STREET ADDRESS	3601 HAVEN AVE.
CITY-ST-ZIP	MENLO PARK, CA 94025
TITLE	D
NAME	MCCAULEY, WILLIAM F
STREET ADDRESS	3601 HAVEN AVE.
CITY-ST-ZIP	MENLO PARK, CA 94025
TITLE	D
NAME	MCGRAW, JOHN M
STREET ADDRESS	3601 HAVEN AVE.
CITY-ST-ZIP	MENLO PARK, CA 94025
TITLE	PD
NAME	MCGRAW, MICHAEL J
STREET ADDRESS	3601 HAVEN AVE.
CITY-ST-ZIP	MENLO PARK, CA 94025
TITLE	D
NAME	MCGRAW, ANN M
STREET ADDRESS	3601 HAVEN AVE.
CITY-ST-ZIP	MENLO PARK, CA 94025

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 1 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-07 650/556-82