FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P27516 (4)

1. Corporation Name

GREAT PACIFIC INSURANCE COMPANY

Principal Place of Business	Mailing Address
395 OYSTER POINT BLVD SUITE 500 SOUTH SAN FRANCISCO CA 94080-1933 US	395 OYSTER POINT BLVD SUITE 500 SOUTH SAN FRANCISCO CA 94080-1933 US

3. Date Incorporated or Qualified: 12/29/1989

3a. Date of Last Report: 01/19/1995

4. FEI Number: 94-2545863 ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

STATE INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399-0300

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

Field	Value	Delete
TITLE	PD	☒ DELETE
NAME	HERMAN, HOWARD L.	
STREET ADDRESS	3511 CLAY STREET	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	S	☐ DELETE
NAME	TAYLOR, PAULETTE J.	
STREET ADDRESS	340 GLENDALE RD.	
CITY-ST-ZIP	HILLSBOROUGH CA	
TITLE	T	☒ DELETE
NAME	KLAG, ROBERT W	
STREET ADDRESS	7 AZALEA DRIVE	
CITY-ST-ZIP	MILL VALLEY CA	
TITLE	D	☐ DELETE
NAME	SPEIZER, MARK A.	
STREET ADDRESS	514 ROEHAMPTON ROAD	
CITY-ST-ZIP	HILLSBOROUGH CA	
TITLE	D	☐ DELETE
NAME	ROSS, KENNETH	
STREET ADDRESS	435 HOMER AVE.	
CITY-ST-ZIP	PALO ALTO CA	
TITLE	D	☒ DELETE
NAME	VOLPE, THOMAS STEPHEN	
STREET ADDRESS	410 OCCIDENTAL AVE.	
CITY-ST-ZIP	SAN MATEO CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Value	Change	Addition
1.1 TITLE	PD	☐ Change	☒ Addition
1.2 NAME	CRONER, MELVYN D.		
1.3 STREET ADDRESS	11 LOCKSLY LANE		
1.4 CITY-ST-ZIP	SAN RAFAEL, CA 94901		
2.1 TITLE		☐ Change	☐ Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	T	☐ Change	☒ Addition
3.2 NAME	EICHLER, KEVIN		
3.3 STREET ADDRESS	2515 BREWSTER AVENUE		
3.4 CITY-ST-ZIP	REDWOOD CITY, CA 94062		
4.1 TITLE		☐ Change	☐ Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		☐ Change	☐ Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	D	☐ Change	☒ Addition
6.2 NAME	HERMAN, HOWARD L.		
6.3 STREET ADDRESS	3282 JACKSON STREET		
6.4 CITY-ST-ZIP	SAN FRANCISCO, CA 94118		

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] TIM DIXON, ASSISTANT SECRETARY 01/18/96 (415)872-6676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)