

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P27516

1. Entity Name

GREAT PACIFIC INSURANCE COMPANY

FILED
Sep 06, 2000 8:00 am
Secretary of State

09-06-2000 90089 044 ***550.00

Principal Place of Business

395 OYSTER POINT BLVD
SUITE 500
SOUTH SAN FRANCISCO CA 94080-1933
US

Mailing Address

395 OYSTER POINT BLVD
SUITE 500
SOUTH SAN FRANCISCO CA 94080-1933
US

2. Principal Place of Business

2400 Main Street
Suite, Apt. #, etc.
Suite 100

City & State
IRVINE, CA

Zip
92614

Country
US

3. Mailing Address

2400 MAIN STREET
Suite, Apt. #, etc.
Suite 100

City & State
IRVINE, CA

Zip
92614

Country
US



DO NOT WRITE IN THIS SPACE

4. FEI Number 94-2545863

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STATE INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399-0300

7. Name and Address of New Registered Agent

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.

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, 2000 Min. 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LONG, JOHN W 150 SECOND AVE N STE 1600 SAINT PETERSBURG FL 33701	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP ZINDA, CRAIG 150 SECOND AVE N STE 1600 SAINT PETERSBURG FL 33701	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO LAMSON, JOHN C 150 SECOND AVE N STE 1600 SAINT PETERSBURG FL 33701	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO SPEIZER, MARK A. 514 ROEHAMPTON ROAD HILLSBOROUGH CA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CC SPEIZER, MARK A 395 OYSTER POINT BLVD STE 500 SOUTH SAN FRANCISCO CA 94080	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC BONGFELDT, PAUL J 395 OYSTER POINT BLVD STE 500 SOUTH SAN FRANCISCO CA 94080	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT, DIRECTOR MCNAMES, DIRK R. 2400 MAIN STREET, STE 100 IRVINE, CA 92614	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO, TREASURER. GRUPP, GEORGE J. 2400 MAIN STREET, STE 100 IRVINE, CA 92614	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, SEC., DIRECTOR DEGIORGIO, KENNETH D. 1 FIRST AMERICAN WAY SANTA ANA, CA 92707	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN MCNAMES, GEORGE M. 2400 MAIN STREET, STE 100 IRVINE, CA 92614	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR KENNEDY, PARKER S. 1 FIRST AMERICAN WAY SANTA ANA, CA 92707	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DEROY, CRAIG I. 1 FIRST AMERICAN WAY SANTA ANA, CA 92707	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 an other like empowered.

SIGNATURE:

MICHAEL VOTER, CONTROLLER

Date

Daytime Phone #

CR2E034 (5/00)

Great Pacific
Insurance Co.

NEW ADDRESS!

Dear Sir or Madam:

Please be advised that our new billing address will be as follows:

Great Pacific Insurance Company

2400 Main Street, Suite 100

Irvine, CA 92614

Attn: Accounts Payable

Thank you for your cooperation,

ACCOUNTING DEPARTMENT