

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91083 044 \*\*\*550.00

**DOCUMENT # P27516**

1. Entity Name

**GREAT PACIFIC INSURANCE COMPANY**

Principal Place of Business

**2400 MAIN STREET  
SUITE 100  
IRVINE CA 92614  
US**

Mailing Address

**2400 MAIN STREET  
SUITE 100  
IRVINE CA 92614  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

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 \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
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	<input checked="" type="checkbox"/> Delete
PD	LONG, JOHN W	150 SECOND AVE N STE 1600	SAINT PETERSBURG FL 33701	<input checked="" type="checkbox"/>
SVP	ZINDA, CRAIG	150 SECOND AVE N STE 1600	SAINT PETERSBURG FL 33701	<input checked="" type="checkbox"/>
CFO	LAMSON, JOHN C	150 SECOND AVE N STE 1600	SAINT PETERSBURG FL 33701	<input checked="" type="checkbox"/>
DCEO	SPEIZER, MARK A.	514 ROEHAMPTON ROAD	HILLSBOROUGH CA	<input checked="" type="checkbox"/>
CC	SPEIZER, MARK A	395 OYSTER POINT BLVD STE 500	SOUTH SAN FRANCISCO CA 94080	<input checked="" type="checkbox"/>
VPC	BONGFELDT, PAUL J	395 OYSTER POINT BLVD STE 500	SOUTH SAN FRANCISCO CA 94080	<input checked="" type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Director	George McNamee	2400 Main St., Suite 100	Irvine, CA 92614	<input checked="" type="checkbox"/>
Director, CEO	Dirk McNamee	2400 Main St., Suite 100	Irvine, CA 92614	<input checked="" type="checkbox"/>
Director, CFO, Treasurer	George Grupp	2400 Main St., Suite 100	Irvine, CA 92614	<input checked="" type="checkbox"/>
Director, VP, Secretary	Kenneth D. DeGiorgio	1 First American Way, Bldg. 2	Santa Ana, CA 92707	<input checked="" type="checkbox"/>
Exec. VP	Parker Kennedy	1 First American Way, Bldg. 2	Santa Ana, CA 92707	<input checked="" type="checkbox"/>
Director	Craig DeRoy	1 First American Way, Bldg. 2	Santa Ana, CA 92707	<input checked="" type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01  
Date949-225-4818  
Daytime Phone #

CR2E034 (10/00)