

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F20000001396

Entity Name: PALOMAR SPECIALTY INSURANCE COMPANY**Current Principal Place of Business:**1050 SW 6TH AVE STE 1100
PORTLAND, OR 97204**Current Mailing Address:**7979 IVANHOE AVE STE 500
LA JOLLA, CA 92037 US**FEI Number:** 95-2379438**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
P O BOX 6200
200 E GAINES STREET
TALLAHASSEE, FL 32339 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	ARMSTRONG, DAVID MCDONALD
Address	7979 IVANHOE AVE STE 500
City-State-Zip:	LA JOLLA CA 92037

Title	EXECUTIVE SECRETARY
Name	GRANT, ANGELA L
Address	7979 IVANHOE AVE STE 500
City-State-Zip:	LA JOLLA CA 92037

Title	TREASURER
Name	SEITZ, ELIZABETH WHITAKER
Address	7979 IVANHOE AVE STE 500
City-State-Zip:	LA JOLLA CA 92037

Title	VP
Name	LIM, JEFFREY
Address	7979 IVANHOE AVENUE SUITE 500
City-State-Zip:	LA JOLLA CA 92037

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JEFFREY LIM**SENIOR VICE PRESIDENT** 03/15/2021_____
Electronic Signature of Signing Officer/Director Detail_____
Date