

1.) CORPORATION NAME:

PACIFIC INDEMNITY COMPANY

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY
CT CORPORATION SYSTEM
4701 COX RD
GLEN ALLEN, VA 23060-6802**

DUE DATE: **12/30/2010**

SCC ID NO: **F0138844**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,400

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

WI

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: TWO PLAZA EAST STE 1450T
330 EAST KILBOURN AVE

CITY/ST/ZIP: MILWAUKEE, WI 53202-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	JOHN JOSEPH DEGNAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/CHRMN		
ADDRESS:	15 MOUNTAIN VIEW ROAD		
CITY/ST/ZIP/CO:	WARREN, NJ 07059-		
NAME:	W BRIAN BARNES	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/ACTUARY		
ADDRESS:	15 MOUNTIAN VIEW ROAD		
CITY/ST/ZIP/CO:	WARREN, NJ 07059-		
NAME:	W ANDREW MACAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/S		
ADDRESS:	15 MOUNTAIN VIEW RD		
CITY/ST/ZIP/CO:	WARREN, NJ 07059-		
NAME:	DOUGLAS A NORDSTROM	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/TREAS		
ADDRESS:	15 MOUNTAIN VIEW ROAD		
CITY/ST/ZIP/CO:	WARREN, NJ 07059-		
NAME:	JAMES A. DARLING	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	555 S. FLOWER STREET		
CITY/ST/ZIP/CO:	LOS ANGELES, CA 90071-		

NAME: JOHN J. KENNEDY TITLE: DIRECTOR ADDRESS: 15 MOUNTAIN VIEW ROAD CITY/ST/ZIP/CO: WARREN, NJ 07059-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: RICHARD G. SPIRO TITLE: DIRECTOR ADDRESS: 15 MOUNTAIN VIEW ROAD CITY/ST/ZIP/CO: WARREN, NJ 07059-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: JEFFREY A. UPDYKE TITLE: DIRECTOR ADDRESS: 555 LONG WHARF DRIVE CITY/ST/ZIP/CO: NEW HAVEN, CT 06511-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ W ANDREW MACAN	W ANDREW MACAN, VP/S	11/11/2010
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.