

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214554461

1.) CORPORATION NAME:

PACIFIC INDEMNITY COMPANY

DUE DATE: **12/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F0138844**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,400

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

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.

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	PAUL J. KRUMP				
TITLE:	PRESIDENT				
ADDRESS:	15 MOUNTAIN VIEW ROAD				
CITY/ST/ZIP/CO:	WARREN, NJ 07059				

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	W BRIAN BARNES				
TITLE:	VP/ACTUARY				
ADDRESS:	15 MOUNTIAN VIEW ROAD				
CITY/ST/ZIP/CO:	WARREN, NJ 07059				

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	DOUGLAS A NORDSTROM				
TITLE:	VP/TREAS				
ADDRESS:	15 MOUNTAIN VIEW ROAD				
CITY/ST/ZIP/CO:	WARREN, NJ 07059				

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	MAUREEN A. BRUNDAGE				
TITLE:	SECRETARY				
ADDRESS:	15 MOUNTAIN VIEW ROAD				
CITY/ST/ZIP/CO:	WARREN, NJ 07059				

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	DINO E. ROBUSTO				
TITLE:	CHAIRMAN				
ADDRESS:	15 MOUNTAIN VIEW ROAD				
CITY/ST/ZIP/CO:	WARREN, NJ 07059				

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	RICHARD G. SPIRO				
TITLE:	SVP/CFO				
ADDRESS:	15 MOUNTAIN VIEW ROAD				
CITY/ST/ZIP/CO:	WARREN, NJ 07059				

NAME: PATRICIA TOMCZYK TITLE: ASST SECRETARY ADDRESS: 15 MOUNTAIN VIEW ROAD CITY/ST/ZIP/CO: WARREN, NJ 07059	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JAMES A. DARLING TITLE: DIRECTOR ADDRESS: 555 S. FLOWER STREET CITY/ST/ZIP/CO: LOS ANGELES, CA 90071	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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
NAME: HAROLD L. MORRISON, JR. TITLE: DIRECTOR ADDRESS: 15 MOUNTAIN VIEW ROAD CITY/ST/ZIP/CO: WARREN, NJ 07059	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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
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/ PATRICIA TOMCZYK SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PATRICIA TOMCZYK, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	12/30/2014 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.		