

1.) CORPORATION NAME:

PACIFIC SPECIALTY INSURANCE COMPANY

DUE DATE: **4/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E. AUTH IN VI CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1333295**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
CA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3601 HAVEN AVENUE

CITY/ST/ZIP: MENLO PARK, CA 94025-

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: TIMOTHY J SUMMERS
TITLE: PRESIDENT
ADDRESS: 3601 HAVEN AVENUE
CITY/ST/ZIP/CO: MENLO PARK, CA 94025-

OFFICER

DIRECTOR

NAME: BRIAN J MCSWEENEY
TITLE: SEC/TREAS
ADDRESS: 3601 HAVEN AVENUE
CITY/ST/ZIP/CO: MENLO PARK, CA 94025-

OFFICER

DIRECTOR

NAME: MICHAEL J MCGRAW
TITLE: DIRECTOR
ADDRESS: 3601 HAVEN AVENUE
CITY/ST/ZIP/CO: MENLO PARK, CA 94025-

OFFICER

DIRECTOR

NAME: JOHN V MCGRAW JR
TITLE: DIRECTOR
ADDRESS: 3601 HAVEN AVENUE
CITY/ST/ZIP/CO: MENLO PARK, CA 94025-

OFFICER

DIRECTOR

NAME: ANN MCGRAW MORRICAL
TITLE: DIRECTOR
ADDRESS: 3601 HAVEN AVENUE
CITY/ST/ZIP/CO: MENLO PARK, CA 94025-

OFFICER

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.

<u>/s/ TIMOTHY J SUMMERS</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>TIMOTHY J SUMMERS, PRESIDENT</u> PRINTED NAME AND CORPORATE TITLE	<u>3/6/2012</u> DATE
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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.