

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **814499** (0)

1. Corporation Name
MID-CENTURY INSURANCE COMPANY



Principal Place of Business: **4680 WILSHIRE BLVD. LOS ANGELES CA 90010**
 Mailing Address: **4680 WILSHIRE BLVD. LOS ANGELES CA 90010**

3. Date Incorporated or Qualified: **06/21/1960**
 3a. Date of Last Report: **12/11/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		95-6016640		Not Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 193.032 Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		25	
Zip		Country		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
INSURANCE COMMISSIONER CAPITOL BLDG TALLAHASSEE FL 32301				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Name) _____ (Title) _____ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD DEWOLFE, L DONALD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	AST. S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEWOLFE, L DONALD	1.2 NAME	FAULWELL, GERALD E.
STREET ADDRESS	4680 WILSHIRE BLVD.	1.3 STREET ADDRESS	4680 WILSHIRE BLVD.
CITY - ST - ZIP	LOS ANGELES CA	1.4 CITY - ST - ZIP	LOS ANGELES, CA 90010
TITLE	VT CAUDILL, JAMES K <input type="checkbox"/> DELETE	2.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAUDILL, JAMES K	2.2 NAME	FEINSTEIN, MARTIN D.
STREET ADDRESS	4680 WILSHIRE BLVD.	2.3 STREET ADDRESS	4680 WILSHIRE BLVD.
CITY - ST - ZIP	LOS ANGELES CA	2.4 CITY - ST - ZIP	LOS ANGELES, CA 90010
TITLE	S SELTZER, MARYANN <input type="checkbox"/> DELETE	3.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SELTZER, MARYANN	3.2 NAME	GELFAND, LEONARD H.
STREET ADDRESS	4680 WILSHIRE BLVD.	3.3 STREET ADDRESS	4680 WILSHIRE BLVD.
CITY - ST - ZIP	LOS ANGELES CA	3.4 CITY - ST - ZIP	LOS ANGELES, CA 90010
TITLE	D DENLEA, L E <input type="checkbox"/> DELETE	4.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENLEA, L E	4.2 NAME	MAC KINNON, JAMES A.
STREET ADDRESS	4680 WILSHIRE BLVD.	4.3 STREET ADDRESS	4680 WILSHIRE BLVD.
CITY - ST - ZIP	LOS ANGELES CA	4.4 CITY - ST - ZIP	LOS ANGELES, CA 90010
TITLE	V DOWNER, R BROOKS <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	DOWNER, R BROOKS	5.2 NAME	
STREET ADDRESS	4680 WILSHIRE BLVD	5.3 STREET ADDRESS	
CITY - ST - ZIP	LOS ANGELES CA	5.4 CITY - ST - ZIP	
TITLE	D KATZ, J L <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	KATZ, J L	6.2 NAME	
STREET ADDRESS	4680 WILSHIRE BLVD.	6.3 STREET ADDRESS	
CITY - ST - ZIP	LOS ANGELES CA	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Maryann Seltzter* MARYANN SELTZER 7-31-96 (213) 932-3166
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)