

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 19 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/21/1960	3a. Date of Last Report 08/08/1996
21	22	23	24	4. FEI Number 95-6016640	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	85

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FAULWELL, GERALD E.	1.2 NAME	PORTER, ALAN F
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 <input type="checkbox"/> DELETE	2.1 TITLE	D/V <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 <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D/V <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 <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENLEA, L E	4.2 NAME	LYNCH, JOHN H
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 <input type="checkbox"/> DELETE	5.1 TITLE	D/V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOWNER, R BROOKS	5.2 NAME	MACKINNON, JAMES A
STREET ADDRESS	4680 WILSHIRE BLVD	5.3 STREET ADDRESS	4680 WILSHIRE BLVD
CITY-ST-ZIP	LOS ANGELES CA	5.4 CITY-ST-ZIP	LOS ANGELES CA 90010
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZ, J L	6.2 NAME	KATZ, JASON L
STREET ADDRESS	4680 WILSHIRE BLVD.	6.3 STREET ADDRESS	4680 WILSHIRE BLVD
CITY-ST-ZIP	LOS ANGELES CA	6.4 CITY-ST-ZIP	LOS ANGELES CA 90010

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **SANDRA B. MORTHAM** 7/21/93 213 922-3200

CR2E034 (4/97)