

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Feb 18 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		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
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

3. Date Incorporated or Qualified 06/21/1960	
4. FEI Number 95-6016640	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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

**INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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

12. OFFICERS AND DIRECTORS	
TITLE	SD <input type="checkbox"/> DELETE
NAME	FAULWELL, GERALD E.
STREET ADDRESS	4680 WILSHIRE BLVD.
CITY-ST-ZIP	LOS ANGELES CA
TITLE	VT <input type="checkbox"/> DELETE
NAME	CAUDILL, JAMES K
STREET ADDRESS	4680 WILSHIRE BLVD.
CITY-ST-ZIP	LOS ANGELES CA
TITLE	DV <input type="checkbox"/> DELETE
NAME	GELFAND, LEONARD H
STREET ADDRESS	4680 WILSHIRE BLVD.
CITY-ST-ZIP	LOS ANGELES CA
TITLE	DP <input type="checkbox"/> DELETE
NAME	LYNCH, JOHN H
STREET ADDRESS	4680 WILSHIRE BLVD.
CITY-ST-ZIP	LOS ANGELES CA
TITLE	V <input type="checkbox"/> DELETE
NAME	DOWNER, R BROOKS
STREET ADDRESS	4680 WILSHIRE BLVD
CITY-ST-ZIP	LOS ANGELES CA
TITLE	DV <input type="checkbox"/> DELETE
NAME	KATZ, JASON L
STREET ADDRESS	4680 WILSHIRE BLVD.
CITY-ST-ZIP	LOS ANGELES CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FAULWELL, GERALD E.
1.3 STREET ADDRESS	4680 WILSHIRE BLVD.
1.4 CITY-ST-ZIP	LOS ANGELES, CA 90010
2.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	FEINSTEIN, MARTIN D.
2.3 STREET ADDRESS	4680 WILSHIRE BLVD.
2.4 CITY-ST-ZIP	LOS ANGELES, CA 90010
3.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MAC KINNON, JAMES A.
3.3 STREET ADDRESS	4680 WILSHIRE BLVD.
3.4 CITY-ST-ZIP	LOS ANGELES, CA 90010
4.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	PORTER, ALAN F.
4.3 STREET ADDRESS	4680 WILSHIRE BLVD.
4.4 CITY-ST-ZIP	LOS ANGELES, CA 90010
5.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DOWNER, ROBERT B.
5.3 STREET ADDRESS	4680 WILSHIRE BLVD.
5.4 CITY-ST-ZIP	LOS ANGELES, CA 90010
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: *[Signature]* DATE: 2 5 98 (213) 933 3300

CR2E034 (10/97)