

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90020 006 ***150.00

DOCUMENT # 814499
 1. Entity Name
MID-CENTURY INSURANCE COMPANY



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

44019295



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

03102004 Chg-P CR2E034 (10/03)

4. FEI Number **95-6016640** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional
 Fee Required

6. Name and Address of Current Registered Agent
CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | WAUTHIER, PIERRE C | |
| STREET ADDRESS | 4680 WILSHIRE BLVD. | |
| CITY-ST-ZIP | LOS ANGELES, CA 90010 | |
| TITLE | DV | <input type="checkbox"/> Delete |
| NAME | FEINSTEIN, MARTIN D | |
| STREET ADDRESS | 4680 WILSHIRE BLVD | |
| CITY-ST-ZIP | LOS ANGELES, CA 90010 | |
| TITLE | DV | <input type="checkbox"/> Delete |
| NAME | GELFAND, LEONARD H | |
| STREET ADDRESS | 4680 WILSHIRE BLVD. | |
| CITY-ST-ZIP | LOS ANGELES, CA 90010 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HOPKINS, PAUL NORMAN | |
| STREET ADDRESS | 4680 WILSHIRE BLVD. | |
| CITY-ST-ZIP | LOS ANGELES, CA 90010 | |
| TITLE | DV | <input type="checkbox"/> Delete |
| NAME | SCHOFIELD, KEITHA T | |
| STREET ADDRESS | 4680 WILSHIRE BLVD | |
| CITY-ST-ZIP | LOS ANGELES, CA 90010 | |
| TITLE | DV | <input type="checkbox"/> Delete |
| NAME | KATZ, JASON L | |
| STREET ADDRESS | 4680 WILSHIRE BLVD. | |
| CITY-ST-ZIP | LOS ANGELES, CA 90010 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Hubert Mountz **HUBERT MOUNTZ ASST. TREASURER** 3/11/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #