


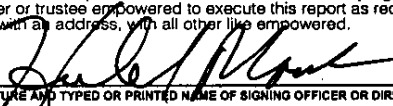
2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90024 048 ***150.00

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DOCUMENT # 814499							
1. Entity 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					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 95-6016640	Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	V	<input type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	WAUTHIER, PIERRE C		NAME	E. James Snikeris			
STREET ADDRESS	4680 WILSHIRE BLVD.		STREET ADDRESS	4680 Wilshire Blvd			
CITY-ST-ZIP	LOS ANGELES, CA 90010		CITY-ST-ZIP	Los Angeles Ca 90010			
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FEINSTEIN, MARTIN D		NAME	Hubert Mountz			
STREET ADDRESS	4680 WILSHIRE BLVD		STREET ADDRESS	4680 Wilshire Blvd			
CITY-ST-ZIP	LOS ANGELES, CA 90010		CITY-ST-ZIP	Los Angeles CA 90010			
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GELFAND, LEONARD H		NAME				
STREET ADDRESS	4680 WILSHIRE BLVD.		STREET ADDRESS				
CITY-ST-ZIP	LOS ANGELES, CA 90010		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOPKINS, PAUL NORMAN		NAME				
STREET ADDRESS	4680 WILSHIRE BLVD.		STREET ADDRESS				
CITY-ST-ZIP	LOS ANGELES, CA 90010		CITY-ST-ZIP				
TITLE	DV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHOFIELD, KEITHA T		NAME				
STREET ADDRESS	4680 WILSHIRE BLVD		STREET ADDRESS				
CITY-ST-ZIP	LOS ANGELES, CA 90010		CITY-ST-ZIP				
TITLE	DV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KATZ, JASON L		NAME				
STREET ADDRESS	4680 WILSHIRE BLVD.		STREET ADDRESS				
CITY-ST-ZIP	LOS ANGELES, CA 90010		CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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		2-9-06 Asst. Treasurer			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>			