


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90395 018 ***150.00

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 95-6016640	
Zip		Country		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 Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street City Tallahassee FL Zip Code 32301-2525		
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAUTHIER, PIERRE C		NAME		
STREET ADDRESS	4680 WILSHIRE BLVD.		STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES, CA 90010		CITY-ST-ZIP		
TITLE	AT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, ANTHONY J		NAME		
STREET ADDRESS	4680 WILSHIRE BLVD		STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES, CA 90010		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SNIKERIS, E. JAMES		NAME	F Robert Woudstra	
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	D	<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOPKINS, PAUL NORMAN		NAME	Kevin E. Kelso	
STREET ADDRESS	4680 WILSHIRE BLVD.		STREET ADDRESS	4680 Wishire Blvd Los Angeles CA 90010	
CITY-ST-ZIP	LOS ANGELES, CA 90010		CITY-ST-ZIP		
TITLE	DV	<input checked="" 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: <i>Anthony J. Morris</i> 4-23-08		Anthony J. Morris Asst Treasurer			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Typed Name	