

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 814499

**FILED**  
**Jan 22, 2013**  
**Secretary of State**  
**CC1726183682**

**Entity Name:** MID-CENTURY INSURANCE COMPANY

**Current Principal Place of Business:**

4680 WILSHIRE BLVD.  
LOS ANGELES, CA 90010

**Current Mailing Address:**

PO BOX 2450  
GRAND RAPIDS, MI 49501-2450

**FEI Number:** 95-6016640

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title AT  
Name MORRIS, ANTHONY J  
Address 4680 WILSHIRE BLVD  
City-State-Zip: LOS ANGELES CA 90010

Title P  
Name DWYER, BRIAN  
Address 4680 WILSHIRE BLVD  
City-State-Zip: LOS ANGELES CA 90010

Title D, T, VP  
Name MYHAN, RONALD G  
Address 4680 WILSHIRE BLVD.  
City-State-Zip: LOS ANGELES CA 90010

Title D  
Name TRAVERS, DAVID A  
Address 4680 WILSHIRE BLVD  
City-State-Zip: LOS ANGELES CA 90010

Title S  
Name HOHL, DOREN E  
Address 4680 WILSHIRE BLVD  
City-State-Zip: LOS ANGELES CA 90010

Title DIRECTOR  
Name MARTIN, GARY R  
Address 4680 WILSHIRE BLVD  
City-State-Zip: LOS ANGELES CA 90010

Title DIRECTOR  
Name WUO, JOHN T  
Address 4680 WILSHIRE BLVD  
City-State-Zip: LOS ANGELES CA 90010

Title DIRECTOR  
Name BENTLEY, KENNETH W  
Address 4680 WILSHIRE BLVD  
City-State-Zip: LOS ANGELES CA 90010

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANTHONY J MORRIS

**ASST TREASURER**

**01/22/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           KAPLAN, PETER D  
Address        4680 WILSHIRE BLVD  
City-State-Zip: LOS ANGELES CA 90010

Title           DIRECTOR  
Name           RODRIGUEZ, DONALD E  
Address        3635 LONG BEACH BLVD  
City-State-Zip: LONG BEACH CA 90807