

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 814499

FILED
Jan 14, 2016
Secretary of State
CC5090209860

Entity Name: MID-CENTURY INSURANCE COMPANY

Current Principal Place of Business:

6301 OWENSMOUTH AVE
WOODLAND HILLS, CA 91367

Current Mailing Address:

PO BOX 2450
TAX DEPT
GRAND RAPIDS, MI 49501-2450 US

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 4750 WILSHIRE BLVD
City-State-Zip: LOS ANGELES CA 90010

Title P, DIRECTOR
Name SHRIVER, RICHARD M
Address 6301 OWENSMOUTH AVE
City-State-Zip: WOODLAND HILLS CA 91367

Title D, T, VP
Name MYHAN, RONALD G
Address 4750 WILSHIRE BLVD.
City-State-Zip: LOS ANGELES CA 90010

Title S
Name HOHL, DOREN E
Address 6301 OWENSMOUTH AVE
City-State-Zip: WOODLAND HILLS CA 91367

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

Title DIRECTOR
Name MARRONE, RONALD L
Address 800 E 14TH ST
City-State-Zip: PITTSBURG CA 66762

Title VP
Name DALY, KEITH G
Address 31051 AGOURA RD
City-State-Zip: WESTLAKE VILLAGE CA 91361

Title VP
Name MCCARTHY, VICTORIA L
Address 6301 OWENSMOUTH AVE
City-State-Zip: WOODLAND HILLS CA 91367

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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

01/14/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP, ACTUARY
Name NUTTING, JAMES L
Address 4750 WILSHIRE BLVD
City-State-Zip: LOS ANGELES CA 90010

Title VP
Name WILLIAMS, KARYN L
Address 4680 WILSHIRE BLVD
City-State-Zip: LOS ANGELES CA 90010

Title VP
Name SGOUREVA, RUSSINA V
Address 4750 WILSHIRE BLVD
City-State-Zip: LOS ANGELES CA 90010

Title DIRECTOR
Name WUO, JOHN T
Address 75 N SANTA ANITA
STE 106
City-State-Zip: ARCADIA CA 91006