## 2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 819304** 

**Entity Name: MAGNA INSURANCE COMPANY** 

**Current Principal Place of Business:** 

ONE POINTE DRIVE, #120 BREA, CA 92821

**Current Mailing Address:** 

ONE POINTE DRIVE, #120 BREA, CA 92821 US

FEI Number: 57-6037491 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410 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: MONICA GONZALEZ, SPECIAL SECRETARY 01/17/2019

Electronic Signature of Registered Agent

Date

FILED Jan 17, 2019

**Secretary of State** 

7697934547CC

Officer/Director Detail:

TitlePRESIDENT, DIRECTORTitleCFO, DIRECTORNameWILSON, DAVID P.NameBRIDGES, AUDREY L.AddressONE POINTE DRIVE, #120AddressONE POINTE DRIVE, #120

City-State-Zip: BREA CA 92821 City-State-Zip: BREA CA 92821

Title SECRETARY, CEO, DIRECTOR

Name COLLIER, LISA M.

Address ONE POINTE DRIVE, #120

City-State-Zip: BREA CA 92821

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: LISA M. COLLIER

EMILY MOSCA, ATTORNEY-IN-FACT 01/17/2019

Electronic Signature of Signing Officer/Director Detail

Date