## 2021 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. 801 US HIGHWAY 1 NORTH PALM BEACH, FL 33408 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 03/06/2021

Electronic Signature of Registered Agent

Date

FILED Mar 06, 2021

**Secretary of State** 

5001775808CC

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: WILSON, DAVID P.

EMILY MOSCA, ATTORNEY-IN-FACT 03/06/2021

Electronic Signature of Signing Officer/Director Detail

Date