

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-28-2008 90395 018 \*\*\*150.00

<b>DOCUMENT # 814499</b> 1. Entity Name <b>MID-CENTURY INSURANCE COMPANY</b>					
Principal Place of Business <b>4680 WILSHIRE BLVD. LOS ANGELES, CA 90010</b>			Mailing Address <b>4680 WILSHIRE BLVD. LOS ANGELES, CA 90010</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>95-6016640</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>			7. Name and Address of New Registered Agent Name <b>Corporation Service Company</b> Street Address (P.O. Box Number is Not Acceptable) <b>1201 Hays Street</b> City <b>Tallahassee</b> <b>FL</b> Zip Code <b>32301-2525</b>		
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 reappointing) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>WAUTHIER, PIERRE C</b> <b>4680 WILSHIRE BLVD.</b> <b>LOS ANGELES, CA 90010</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT</b> <b>MORRIS, ANTHONY J</b> <b>4680 WILSHIRE BLVD</b> <b>LOS ANGELES, CA 90010</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>SNIKERIS, E. JAMES</b> <b>4680 WILSHIRE BLVD.</b> <b>LOS ANGELES, CA 90010</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HOPKINS, PAUL NORMAN</b> <b>4680 WILSHIRE BLVD.</b> <b>LOS ANGELES, CA 90010</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>SCHOFIELD, KEITHA T</b> <b>4680 WILSHIRE BLVD</b> <b>LOS ANGELES, CA 90010</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>KATZ, JASON L</b> <b>4680 WILSHIRE BLVD.</b> <b>LOS ANGELES, CA 90010</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>F Robert Woudstra</b> <b>4680 Wilshire Blvd</b> <b>Los Angeles CA 90010</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>Kevin E. Kelso</b> <b>4680 Wishire Blvd Los Angeles CA 90010</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b>		<b>Anthony J. Morris Asst Treasurer</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date			