

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90179 027 ***150.00

DOCUMENT # 857805

1. Entity Name

CAL FED INSURANCE AGENCY, INC.



Principal Place of Business

2710 WINONA
BURBANK CA 91504

Mailing Address

ATTN: LICENSING DEPT.
2710 WINONA
BURBANK CA 91504

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

95-2707935

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	KLEIN, WALTER C JR.	
STREET ADDRESS	5280 CORPORATE DRIVE	
CITY-ST-ZIP	FREDERICK MD 21701	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SCHWARTZ, ROBERT	
STREET ADDRESS	5280 CORPORATE DRIVE	
CITY-ST-ZIP	FREDERICK MD 21701	
TITLE	SSVP	<input checked="" type="checkbox"/> Delete
NAME	WASHINGTON, VANESSA L	
STREET ADDRESS	135 MAIN STREET	
CITY-ST-ZIP	SAN FRANCISCO CA 94105	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	REESHA, JENNIFER A	
STREET ADDRESS	5280 CORPORATE DRIVE	
CITY-ST-ZIP	FREDERICK MD 21701	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Chairman of the Board	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Lowman	
STREET ADDRESS	12855 N. 40 Drive	
CITY-ST-ZIP	St. Louis, MO 63141-8635	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Susan S. Cotton	
STREET ADDRESS	135 Main Street	
CITY-ST-ZIP	San Francisco, CA 94105	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lawrence P. Washington	
STREET ADDRESS	5280 Corporate Drive	
CITY-ST-ZIP	Frederick, MD 21701	
TITLE	Director/SVP/Corp. Secty	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James R. Eller Jr.	
STREET ADDRESS	135 Main Street	
CITY-ST-ZIP	San Francisco, CA 94105	
TITLE	Director/VP/Risk Manag.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	135 Main Street	
CITY-ST-ZIP	San Francisco, CA 94105	
TITLE	Director/VP/Tax Comp.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tanya M. Winchel	
STREET ADDRESS	135 Main Street	
CITY-ST-ZIP	San Francisco, CA 94105	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Cal Fed Insurance Agency, Inc.

Directors, Officers Report

Cal Fed Insurance Agency, Inc. as of November 7, 2002

Attachment

DIRECTORS

David Lowman
Susan S. Cotton
Robert B. Schwartz
Lawrence P. Washington

Chairman of the Board
Director
Director
Director

90034324
857805

OFFICERS

Robert B. Schwartz
Lawrence P. Washington
Jennifer A. Reesha
James R. Eller, Jr.
David W. Bennett
Tanya M. Winchel
Stephen E. Simcock
Brenda S. Hormes

President
Executive Vice President and Treasurer
Executive Vice President
Senior Vice President and Corporate Secretary
Vice President and Risk Management Officer
Vice President and Tax Compliance Officer
Assistant Secretary
Assistant Secretary