

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F01000004084

FILED
Nov 29, 2006
Secretary of State

Entity Name: 21ST CENTURY INSURANCE COMPANY OF CALIFORNIA

Current Principal Place of Business:

6301 OWENSMOUTH AVE
WOODLAND HILLS, CA 91367

New Principal Place of Business:

Current Mailing Address:

6301 OWENSMOUTH AVE
CORPORATE LEGAL
WOODLAND HILLS, CA 91367

New Mailing Address:

FEI Number: 95-2565072

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PURITZ, STEVEN M ESQ
FULLER JOHNSON & FARRELL
111 N CALHOUN ST
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

REDMAN, KAREN
NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
WESTON, FL 33331 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: KAREN REDMAN

11/29/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: SANDLER, ROBERT M
Address: 70 PINE ST
City-St-Zip: NEW YORK, NY 10270

Title: PV () Delete
Name: MARLOW, BRUCE W
Address: 6301 OWENSMOUTH AVE
City-St-Zip: WOODLAND HILLS, CA 91367

Title: D () Delete
Name: DENAULT, JOHN B III
Address: 1329 RICHMAN KNOLL
City-St-Zip: FULLERTON, CA 92835

Title: D () Delete
Name: ELLIS, CARLENE M
Address: 6301 OWENSMOUTH AVE.
City-St-Zip: WOODLAND HILLS, CA 91367

Title: S () Delete
Name: BASCOM, LAWRENCE P
Address: 6301 OWENSMOUTH AVE.
City-St-Zip: WOODLAND HILLS, CA 91367

Title: S () Delete
Name: CASSANEGO, MICHAEL J
Address: 6301 OWENSMOUTH AVE
City-St-Zip: WOODLAND HILLS, CA 91367

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL J. CASSANEGO

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11/29/2006

Electronic Signature of Signing Officer or Director

Date