


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F02000006258</b> 1. Entity Name <b>WESTERN GENERAL INSURANCE COMPANY</b>	
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Principal Place of Business <b>5230 LAS VIRGENES ROAD SUITE 100 CALABASAS, CA 91302</b>	Mailing Address <b>5230 LAS VIRGENES ROAD SUITE 100 CALABASAS, CA 91302</b>
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04082005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>95-2773313</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>MANG, DOUG MANG LAW FIRM 660 E. JEFFERSON ST. TALLAHASSEE, FL 32302-3127</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP EHRlich, ROBERT M 5230 LAS VIRGENES ROAD CALABASAS, CA 91302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EHRlich, LAUREL B 5230 LAS VIRGENES ROAD CALABASAS, CA 91302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KUSHNER, MARLEEN F 5230 LAS VIRGENES ROAD CALABASAS, CA 91302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MALLUT, DANIEL 5230 LAS VIRGENES ROAD CALABASAS, CA 91302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BRENTS, PATSY A 5230 LAS VIRGENES ROAD CALABASAS, CA 91302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000306328  
04/15/05-80012-001 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Marleen F. Kushner **Marleen F. Kushner** **4/11/05** **(818)880-9070**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #