

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90367 026 ***150.00

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1. Entity Name
WESTERN GENERAL INSURANCE COMPANY



Principal Place of Business
**5230 LAS VIRGENES ROAD
SUITE 100
CALABASAS, CA 91302**

Mailing Address
**5230 LAS VIRGENES ROAD
SUITE 100
CALABASAS, CA 91302**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04122006

Chg-P

CR2E034 (11/05)

4. FEI Number
95-2773313

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MANG, DOUG
MANG LAW FIRM
660 E. JEFFERSON ST.
TALLAHASSEE, FL 32302-3127**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> Delete
NAME	EHRlich, ROBERT M	
STREET ADDRESS	5230 LAS VIRGENES ROAD	
CITY-ST-ZIP	CALABASAS, CA 91302	
TITLE	D	<input type="checkbox"/> Delete
NAME	EHRlich, LAUREL B	
STREET ADDRESS	5230 LAS VIRGENES ROAD	
CITY-ST-ZIP	CALABASAS, CA 91302	
TITLE	DS	<input type="checkbox"/> Delete
NAME	KUSHNER, MARLEEN F	
STREET ADDRESS	5230 LAS VIRGENES ROAD	
CITY-ST-ZIP	CALABASAS, CA 91302	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MALLUT, DANIEL	
STREET ADDRESS	5230 LAS VIRGENES ROAD	
CITY-ST-ZIP	CALABASAS, CA 91302	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BRENTS, PATSY A	
STREET ADDRESS	5230 LAS VIRGENES ROAD	
CITY-ST-ZIP	CALABASAS, CA 91302	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Larry Goldberg	
STREET ADDRESS	5230 Las Virgenes Road	
CITY-ST-ZIP	Calabasas, CA 91302	

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.

SIGNATURE:

Marleen Kushner

Marleen Kushner, Secretary

April 12, 2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #