

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000006258

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: WESTERN GENERAL INSURANCE COMPANY

## Current Principal Place of Business:

5230 LAS VIRGENES ROAD  
SUITE 100  
CALABASAS, CA 91302

## New Principal Place of Business:

## Current Mailing Address:

5230 LAS VIRGENES ROAD  
SUITE 100  
CALABASAS, CA 91302

## New Mailing Address:

FEI Number: 95-2773313

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MANG, DOUG  
MANG LAW FIRM  
660 E. JEFFERSON ST.  
TALLAHASSEE, FL 323023127 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: EHRlich, ROBERT M  
Address: 5230 LAS VIRGENES ROAD  
City-St-Zip: CALABASAS, CA 91302

Title: D ( ) Delete  
Name: EHRlich, LAUREL B  
Address: 5230 LAS VIRGENES ROAD  
City-St-Zip: CALABASAS, CA 91302

Title: DS ( ) Delete  
Name: KUSHNER, MARLEEN F  
Address: 5230 LAS VIRGENES ROAD  
City-St-Zip: CALABASAS, CA 91302

Title: DV ( ) Delete  
Name: MALLUT, DANIEL  
Address: 5230 LAS VIRGENES ROAD  
City-St-Zip: CALABASAS, CA 91302

Title: DT ( ) Delete  
Name: ALBANESE, JOHN L  
Address: 5230 LAS VIRGENES ROAD  
City-St-Zip: CALABASAS, CA 91302

Title: D ( ) Delete  
Name: GOLDSMITH, MARK  
Address: 5230 LAS VIRGENES RD  
City-St-Zip: CALABASAS, CA 91302

## 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  
Name:  
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 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: JOHN ALBANESE

DT

03/19/2009

Electronic Signature of Signing Officer or Director

Date