

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000006258

FILED
Jan 08, 2010
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
Name: EHRlich, ROBERT M
Address: 5230 LAS VIRGENES ROAD
City-St-Zip: CALABASAS, CA 91302

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: JOHN ALBANESE

CFO

01/08/2010

Electronic Signature of Signing Officer or Director

Date