

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # F05000003402 1. Entity Name ANCHOR GENERAL INSURANCE COMPANY	
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Principal Place of Business 10256 MEANLEY SAN DIEGO, CA 92131	Mailing Address P.O. BOX 509020 SAN DIEGO, CA 92150-9020
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01092008 No Chg-P CR2E034 (11/05)

4. FEI Number 95-3634998	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DR., SUITE 4 WESTON, FL 33331

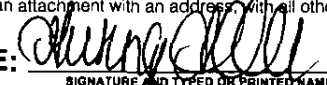
DO NOT WRITE IN THIS SPACE

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 _____ 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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	U00000896873 04/25/08-80024-014 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC BADANI, ABDULLA 10256 MEANLEY SAN DIEGO, CA 92131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DIFABRIZIO, DON 10256 MEANLEY SAN DIEGO, CA 92131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALLEN, GRETCHEN 10256 MEANLEY SAN DIEGO, CA 92131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOKES-GIBSON, SUSAN 10256 MEANLEY SAN DIEGO, CA 92131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O ARVANITIS, GEORGE 10256 MEANLEY SAN DIEGO, CA 92131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV VAN CLEAF, ANGIE 10256 MENLEY DR. SAN DIEGO, CA 92131

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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 4/10/08 Date	Daytime Phone # (858) 527-3655 Daytime Phone #