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

Principal Place of Business	Mailing Address
10256 MEANLEY SAN DIEGO, CA 92131	P.O. BOX 509020 SAN DIEGO, CA 92150-9020

DO NOT WRITE IN THIS SPACE

01092008 No Chg-P CR2E034 (11/05)

4. FEI Number
95-3634998
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., SUITE 4
WESTON, FL 33331

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	PC
NAME	BADANI, ABDULLA
STREET ADDRESS	10256 MEANLEY
CITY-ST-ZIP	SAN DIEGO, CA 92131
TITLE	V
NAME	DIFABRIZIO, DON
STREET ADDRESS	10256 MEANLEY
CITY-ST-ZIP	SAN DIEGO, CA 92131
TITLE	S
NAME	ALLEN, GRETCHEN
STREET ADDRESS	10256 MEANLEY
CITY-ST-ZIP	SAN DIEGO, CA 92131
TITLE	D
NAME	STOKES-GIBSON, SUSAN
STREET ADDRESS	10256 MEANLEY
CITY-ST-ZIP	SAN DIEGO, CA 92131
TITLE	O
NAME	ARVANITIS, GEORGE
STREET ADDRESS	10256 MEANLEY
CITY-ST-ZIP	SAN DIEGO, CA 92131
TITLE	DV
NAME	VAN CLEAF, ANGIE
STREET ADDRESS	10256 MENLEY DR.
CITY-ST-ZIP	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: _____ 4/10/08 (858) 527-3655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #