2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# F05000003402

Entity Name: ANCHOR GENERAL INSURANCE COMPANY

Current Principal Place of Business:

10256 MEANLEY
SAN DIEGO, CA 92131

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 509020
SAN DIEGO, CA 921509020

New Mailing Address:

FEI Number: 95-3634998 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., SUITE 4
WESTON, FL 33331 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: PC ( ) Delete
Name: BADANI, ABDULLA
Address: 10256 MEANLEY
City-St-Zip: SAN DIEGO, CA 92131

Title: V ( ) Delete
Name: DIFABRIZIO, DON
Address: 10256 MEANLEY
City-St-Zip: SAN DIEGO, CA 92131

Title: S ( ) Delete
Name: ALLEN, GRETCHEN
Address: 10256 MEANLEY
City-St-Zip: SAN DIEGO, CA 92131

Title: D ( ) Delete
Name: STOKES-GIBSON, SUSAN
Address: 10256 MEANLEY
City-St-Zip: SAN DIEGO, CA 92131

Title: O ( ) Delete
Name: ARVANITIS, GEORGE
Address: 10256 MEANLEY
City-St-Zip: SAN DIEGO, CA 92131

Title: DV ( ) Delete
Name: VAN CLEAF, ANGIE
Address: 10256 MENLEY DR.
City-St-Zip: SAN DIEGO, CA 92131

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: GRETCHEN ALLEN S 04/24/2009

Electronic Signature of Signing Officer or Director — Date