

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F05000005223

FILED
Jan 12, 2007
Secretary of State

Entity Name: 21ST CENTURY INSURANCE COMPANY OF THE SOUTHWEST

Current Principal Place of Business:

1945 LAKEPOINTE DRIVE
LEWISVILLE, TX 75057

New Principal Place of Business:

Current Mailing Address:

C/O 21ST CENTURY INSURANCE GROUP
6301 OWENSMOUTH AVENUE
WOODLAND HILLS, CA 91367

New Mailing Address:

FEI Number: 86-0812982

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALLOWAY, CLYDE "BILLY" W
C/O VOLPE, BAJALIA, ET AL
106 EAST COLLEGE AVE., SUITE 600
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

REDMAN, KAREN
ASSISTANT SECRETARY
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 US

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: KAREN REDMAN

01/12/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MARLOW, BRUCE W
Address: 6301 OWENSMOUTH AVE.
City-St-Zip: WOODLAND HILLS, CA 91367

Title: VT () Delete
Name: BASCOM, LAWRENCE P
Address: 6301 OWENSMOUTH AVE.
City-St-Zip: WOODLAND HILLS, CA 91367

Title: S () Delete
Name: CASSANEGO, MICHAEL J ESQ.
Address: 6301 OWENSMOUTH AVE.
City-St-Zip: WOODLAND HILLS, CA 91367

Title: CD () Delete
Name: SANDLER, ROBERT M
Address: 6301 OWENSMOUTH AVE.
City-St-Zip: WOODLAND HILLS, CA 91367

Title: D () Delete
Name: DENAULT, JOHN B III
Address: 6301 OWENSMOUTH AVE.
City-St-Zip: WOODLAND HILLS, CA 91367

Title: D () Delete
Name: ELLIS, CARLENE M
Address: 6301 OWENSMOUTH AVE.
City-St-Zip: WOODLAND HILLS, CA 91367

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VT (X) Change () Addition
Name: TOMICH, ANTHONY W
Address: 6301 OWENSMOUTH AVE.
City-St-Zip: WOODLAND HILLS, CA 91367

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 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: MICHAEL J. CASSANEGO

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01/12/2007

Electronic Signature of Signing Officer or Director

Date