FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT '1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 2:21

DOCUMENT # F92000000249 (4)

1. Corporation Name
WESTERN UNITED INSURANCE COMPANY

Principal Place of Business	Mailing Address
4695 MACARTHUR COURT 3RD FLOOR NEWPORT BEACH CA 92660	4695 MACARTHUR COURT 3RD FLOOR NEWPORT BEACH CA 92660

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/02/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 33-0382971 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

THE FLORIDA INSURANCE COMMISSIONER
THE CAPITAL
TALLAHASSEE FL 32399-0300

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	11 TITLE	DC ☐ Change ☒ Addition
NAME	PENDLETON, HUGH	12 NAME	CHAPEL, JAMES F., JR.
STREET ADDRESS	4695 MACARTHUR COURT, 3RD FLOOR	13 STREET ADDRESS	4695 MACARTHUR COURT, 3RD FLOOR
CITY-ST-ZIP	NEWPORT BEACH CA	14 CITY-ST-ZIP	NEWPORT BEACH, CA 92660
TITLE	VP	21 TITLE	D ☐ Change ☒ Addition
NAME	BOUCHARD, MICHAEL Delete	22 NAME	FAIT, BARRETT C.
STREET ADDRESS	4695 MACARTHUR COURT, 3RD FLOOR	23 STREET ADDRESS	3180 REDHILL AVENUE
CITY-ST-ZIP	NEWPORT BEACH CA	24 CITY-ST-ZIP	COSTA MESA, CA 92626
TITLE	DT	31 TITLE	P ☐ Change ☒ Addition
NAME	ANTHONY, PHILIP K	32 NAME	HONEBEIN, CARLTON W.
STREET ADDRESS	655 DEEP VALLEY DRIVE, SUITE 100A	33 STREET ADDRESS	4695 MACARTHUR COURT, 3RD FLOOR
CITY-ST-ZIP	ROLLING HILLS ESTATES CA 90274	34 CITY-ST-ZIP	NEWPORT BEACH, CA 92660
TITLE	DS	41 TITLE	VP ☐ Change ☒ Addition
NAME	LEMMON, GUY W	42 NAME	BYRNES, JOHN L.
STREET ADDRESS	190 NEWPORT CENTER DRIVE	43 STREET ADDRESS	4695 MACARTHUR COURT, 3RD FLOOR
CITY-ST-ZIP	NEWPORT BEACH CA 92660	44 CITY-ST-ZIP	NEWPORT BEACH, CA 92660
TITLE	D	51 TITLE	VP ☐ Change ☒ Addition
NAME	SAINICK, FREDERICK B	52 NAME	GARCIA, ROBERT D.
STREET ADDRESS	190 NEWPORT CENTER DRIVE	53 STREET ADDRESS	4695 MACARTHUR COURT, 3RD FLOOR
CITY-ST-ZIP	NEWPORT BEACH CA 92660	54 CITY-ST-ZIP	NEWPORT BEACH, CA 92660
TITLE	D	61 TITLE	☐ Change ☒ Addition
NAME	MCGINTY, KEVIN J.	62 NAME	SEE ATTACHMENT B
STREET ADDRESS	ONE CLEVELAND CENTER, SUITE 2700	63 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: HUGH W. PENDLETON 2/17/95 (714)-474-4100
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (Date) (Area Code & Daytime Phone Number)

0402344 FP

ATTACHMENT B
ADDITIONS

VP
Bailey, Russel P.
2420 Camino Ramon, #230
San Ramon, CA 94583

VP
Dorrance, Michael P.
2420 Camino Ramon, #230
San Ramon, CA 94583

VP
Garavaglia, Mark R.
2420 Camino Ramon, #230
San Ramon, CA 94583