2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # F93000005669

1. Entity Name
ALL MOTORISTS INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
5230 LAS VIRGENES RD CALABASAS, CA 91302	5230 LAS VIRGENES ROAD SUITE 100 CALABASAS, CA 91302

DO NOT WRITE IN THIS SPACE

02062006 No Chg-P CRZE034 (11/05)

4. FEI Number
95-2103043
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

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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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PDC
NAME	EHRLICH, ROBERT M.
STREET ADDRESS	5230 LAS VIRGENES RD SUITE 100
CITY-ST-ZIP	CALABASAS, CA 91302
TITLE	VD
NAME	MALLUT, DANIEL
STREET ADDRESS	5230 LAS VIRGENES ROAD STE 100
CITY-ST-ZIP	CALABASAS, CA 91302
TITLE	SD
NAME	KUSHNER, MARLEEN F
STREET ADDRESS	5230 LAS VIRGENES RD STE 100
CITY-ST-ZIP	CALABASAS, CA 91302
TITLE	TD
NAME	BRENTS, PATSY A
STREET ADDRESS	5230 LAS VIRGENES RD, STE 100
CITY-ST-ZIP	CALABASAS, CA 91302
TITLE	D
NAME	EHRLICH, LAUREL
STREET ADDRESS	5230 LAS VIRGENES RD, STE 100
CITY-ST-ZIP	CALABASAS, CA 91302
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/24/06-80016-007 158.75

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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: Marleen Kushner Marleen Kushner, Secretary 2-9-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #