

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000005669

FILED
Aug 22, 2007
Secretary of State

Entity Name: ALL MOTORISTS INSURANCE AGENCY, INC.

Current Principal Place of Business:

5230 LAS VIRGENES RD
CALABASAS, CA 91302

New Principal Place of Business:

Current Mailing Address:

5230 LAS VIRGENES ROAD SUITE 100
CALABASAS, CA 91302

New Mailing Address:

FEI Number: 95-2103043

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDC () Delete
Name: EHRlich, ROBERT M.
Address: 5230 LAS VIRGENES RD SUITE 100
City-St-Zip: CALABASAS, CA 91302

Title: VD () Delete
Name: MALLUT, DANIEL
Address: 5230 LAS VIRGENES ROAD STE 100
City-St-Zip: CALABASAS, CA 91302

Title: SD () Delete
Name: KUSHNER, MARLEEN F
Address: 5230 LAS VIRGENES RD STE 100
City-St-Zip: CALABASAS, CA 91302

Title: TD () Delete
Name: BRENTS, PATSY A
Address: 5230 LAS VIRGENES RD, STE 100
City-St-Zip: CALABASAS, CA 91302

Title: D () Delete
Name: EHRlich, LAUREL
Address: 5230 LAS VIRGENES RD, STE 100
City-St-Zip: CALABASAS, CA 91302

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:

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: JOHN ALBANESE

CFO

08/22/2007

Electronic Signature of Signing Officer or Director

Date