2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# F93000005669

Entity Name: ALL MOTORISTS INSURANCE AGENCY, INC.

Current Principal Place of Business:

5230 LAS VIRGENES RD
CALABASAS, CA 91302

New Principal Place of Business:

5230 LAS VIRGENES RD
CALABASAS, CA 91302 US

Current Mailing Address:

5230 LAS VIRGENES ROAD SUITE 100
CALABASAS, CA 91302

New Mailing Address:

5230 LAS VIRGENES RD
CALABASAS, CA 91302 US

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

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:	ALBANESE, JOHN	
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	
Title:	D	( ) Delete
Name:	GOLDSMITH, MARK S	
Address:	5230 LAS VIRGENES ROAD	
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:	
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 TD 03/19/2009

Electronic Signature of Signing Officer or Director — Date