2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# F94000003596

Entity Name: ZENITH INSURANCE COMPANY

Current Principal Place of Business:

21255 CALIFA ST.
WOODLAND HILLS, CA 91367

New Principal Place of Business:

Current Mailing Address:

21255 CALIFA ST.
WOODLAND HILLS, CA 91367

New Mailing Address:

FEI Number: 95-1651549 **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: D ( ) Delete
Name: ZAVIS, MICHAEL W
Address: 17317 BRIDLEWAY TRAIL
City-St-Zip: BOCA RATON, FL 33496

Title: D ( ) Delete
Name: KAMPELMAN, MAX M
Address: 1001 PENNSYLVANIA AVE., NW
City-St-Zip: WASHINGTON, DC 20004

Title: D ( ) Delete
Name: ZAVIS, MICHAEL W
Address: 687 DRIFTWOOD LN
City-St-Zip: NORTHBROOK, IL 60062

Title: VCFO ( ) Delete
Name: VAN GUNDY, KARI L
Address: 21255 CALIFA ST.
City-St-Zip: WOODLAND HILLS, CA 91367

Title: VS ( ) Delete
Name: LEE, HYMAN J JR.
Address: 21255 CALIFA ST.
City-St-Zip: WOODLAND HILLS, CA 91367

Title: P ( ) Delete
Name: MILLER, JACK D
Address: 21255 CALIFA ST.
City-St-Zip: WOODLAND HILLS, CA 91367

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: ZAX, STANLEY R
Address: 21255 CALIFA ST
City-St-Zip: WOODLAND HILLS, CA 91367

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

Title: D (X) Change ( ) Addition
Name: MILLER, ROBERT J
Address: 900 SOUTH PAVILION CENTER DR
City-St-Zip: LAS VEGAS, NV 89144

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: KARI VAN GUNDY VCFO 04/02/2009

Electronic Signature of Signing Officer or Director — Date