2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Jul 19, 2005 8:00 am **Secretary of State DOCUMENT # F97000004277** 1. Fotity Name 07-19-2005 90040 011 ***150.00 MERCURY CASUALTY COMPANY Principal Place of Business Mailing Address 1901 UMBERTON ROAD PO BOX 54600 50056165 13577 FEATHER SOUND DR #690 LOS ANGELES, CA 90054 CLEARWATER, FL 33762-552 US 2. Principal Place of Business 3. Mailing Address 1901 Ulmerton Road Suite, Apt. #, etc. Suite, Apt. #, etc. 07112005 Chg-P CR2E034 (10/03) Sixth Floor City & State 4. FEI Number Applied For Clearwater 95-2577343 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHIEF FINANCIAL OFFICER Street Address (P.O. Box Number is Not Acceptable) P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Due by September 7, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete D Addition TITLE TITLE ☐ Change Bunner, Bruce A NAME CURTIUS, MICHAEL NAME 27 Cardinal Rd: 4234 SKYLINE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CARLSBAD, CA CITY-ST-ZIP Weston, Fairfield, CT 06883 M Defete walters, Judith Ann TITLE TITLE ☐ Change Addition NAME BLANTON, COOPER JR NAME 2310 Monaco Drive 3214 E WOODBINE RD. STREET ADDRESS STREET ADDRESS Oxnard, CA 93035 CITY-ST-ZIP ORANGE, CA CITY-\$T-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE BESSIN, NATHAN NAME NAME STREET ADDRESS 849 S. BUNDY DR. STREET ADDRESS LOS ANGELES, CA CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change Addition GRAYSON, RICHARD NAME NAME 680 HARBOR ST., #2 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MARINA DEL RAY, CA CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition JOSEPH, GEORGE NAME NAME 4484 WILSHIRE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LOS ANGELES, CA 90010 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition MCCLUNG, CHARLES NAME NAME STREET ADDRESS 1926 W BEVERLY BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MONTEBELLO, CA 90640 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of supplemental report is true and accurate and that nly 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.

FILED

7-13-05

Daytime Phone #

Date