
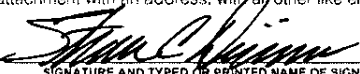


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90218 005 \*\*\*150.00

|  |                          |  |  |   |  |    |          |
|--|--------------------------|--|--|---|--|----|----------|
| DOCUMENT # F98000004523  |                          |  |  |  |  |    |          |
| 1. Entity Name<br>WILLIAMSBURG NATIONAL INSURANCE COMPANY  |                          |  |  |   |  |    |          |
| Principal Place of Business<br>12641 E. 166TH STREET<br>CERRITOS, CA 90703   |                          |  | Mailing Address<br>12641 E. 166TH STREET<br>CERRITOS, CA 90703   |   |  |    |          |
| 2. Principal Place of Business - No P.O. Box #   |                          | 3. Mailing Address   |  |   |  |    |          |
| Suite, Apt. #, etc.  |                          | Suite, Apt. #, etc.  |  |   |  |    |          |
| City & State   |                          | City & State   |  | 04202007 Chg-P CR2E034 (12/06)  |  |    |          |
| Zip  | Country                  | Zip  | Country  | 4. FEI Number<br>33-0208084   | Applied For<br>Not Applicable                |    |          |
| 6. Name and Address of Current Registered Agent  |                          |  | 7. Name and Address of New Registered Agent  |   |  |    |          |
| CHIEF FINANCIAL OFFICER<br>P O BOX 6200 (32314-6200)<br>200 E. GAINES ST<br>TALLAHASSEE, FL 32399-0000   |                          |  | Name   |   |  |    |          |
|  |                          |  | Street Address (P.O. Box Number is Not Acceptable)   |   |  |    |          |
|  |                          |  | City   |   |  | FL | Zip Code |
|  |                          |  | 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 _____   |   |  |    |          |
| (NOTE: Registered Agent signature required when re-registering)  |                          |  |  |   |  |    |          |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b>  |                          | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00</b> May Be Added to Fees  |  |    |          |
| 10. OFFICERS AND DIRECTORS   |                          |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                             |  |    |          |
| TITLE  | D                        | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition            |    |          |
| NAME   | SEGAL, MERTON J          |  | NAME   |   |  |    |          |
| STREET ADDRESS   | 1468 INWOOD CIRCLE       |  | STREET ADDRESS   |   |  |    |          |
| CITY-ST-ZIP  | BLOOMFIELD HILLS, MI     |  | CITY-ST-ZIP  |   |  |    |          |
| TITLE  | C                        | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition            |    |          |
| NAME   | CUBBIN, ROBERT S         |  | NAME   |   |  |    |          |
| STREET ADDRESS   | 32835 WHITE OAKS TRAIL   |  | STREET ADDRESS   |   |  |    |          |
| CITY-ST-ZIP  | BIRMINGHAM, MI           |  | CITY-ST-ZIP  |   |  |    |          |
| TITLE  | D                        | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition            |    |          |
| NAME   | ALLEN, KENN R            |  | NAME   |   |  |    |          |
| STREET ADDRESS   | 8173 EARHART ROAD        |  | STREET ADDRESS   |   |  |    |          |
| CITY-ST-ZIP  | SOUTH LYON, MI 48178     |  | CITY-ST-ZIP  |   |  |    |          |
| TITLE  | P                        | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition            |    |          |
| NAME   | WALKER, SHANNON S        |  | NAME   |   |  |    |          |
| STREET ADDRESS   | 1224 S. IRENA AVE.       |  | STREET ADDRESS   |   |  |    |          |
| CITY-ST-ZIP  | REDONDO BEACH, CA        |  | CITY-ST-ZIP  |   |  |    |          |
| TITLE  | CEO                      | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition            |    |          |
| NAME   | SPAUN, KAREN             |  | NAME   |   |  |    |          |
| STREET ADDRESS   | 26255 AMERICAN DRIVE     |  | STREET ADDRESS   |   |  |    |          |
| CITY-ST-ZIP  | SOUTHFIELD, MI 480346112 |  | CITY-ST-ZIP  |   |  |    |          |
| TITLE  | AVP                      | <input checked="" type="checkbox"/> Delete                                       | TITLE  | <input type="checkbox"/> Change   | <input checked="" type="checkbox"/> Addition |    |          |
| NAME   | OISHEA, MICHAEL E        |  | NAME   | Treasurer   |  |    |          |
| STREET ADDRESS   | 26255 AMERICAN DRIVE     |  | STREET ADDRESS   | Steve & Divine  |  |    |          |
| CITY-ST-ZIP  | SOUTHFIELD, MI 480346112 |  | CITY-ST-ZIP  | 26255 American Drive  |  |    |          |
|  |                          |  | Southfield, MI 48034-6112  |   |  |    |          |
| 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:    |                          |  | 4/23/07  |   | (248) 358-1100                               |    |          |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                          |  | Date   |   | Daytime Phone #                              |    |          |