

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000004523

FILED  
Apr 22, 2008  
Secretary of State

Entity Name: WILLIAMSBURG NATIONAL INSURANCE COMPANY

## Current Principal Place of Business:

12641 E. 166TH STREET  
CERRITOS, CA 90703

## New Principal Place of Business:

## Current Mailing Address:

12641 E. 166TH STREET  
CERRITOS, CA 90703

## New Mailing Address:

26255 AMERICAN DRIVE  
SOUTHFIELD, MI 480346112

FEI Number: 33-0208084

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: SEGAL, MERTON J  
Address: 1468 INWOOD CIRCLE  
City-St-Zip: BLOOMFIELD HILLS, MI

Title: C ( ) Delete  
Name: CUBBIN, ROBERT S  
Address: 32835 WHITE OAKS TRAIL  
City-St-Zip: BIRMINGHAM, MI

Title: D ( ) Delete  
Name: ALLEN, KENN R  
Address: 8173 EARHART ROAD  
City-St-Zip: SOUTH LYON, MI 48178

Title: P ( ) Delete  
Name: WALKER, SHANNON S  
Address: 1224 S. IRENA AVE.  
City-St-Zip: REDONDO BEACH, CA

Title: CEO ( ) Delete  
Name: SPAUN, KAREN  
Address: 26255 AMERICAN DRIVE  
City-St-Zip: SOUTHFIELD, MI 480346112

Title: T ( ) Delete  
Name: DIVINE, STEVE  
Address: 26255 AMERICAN DRIVE  
City-St-Zip: SOUTHFIELD, MI 480346112

## 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: KELLY FREEMAN

AVP

04/22/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date