


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 29, 1999 8:00 am**  
**Secretary of State**

05-29-1999 90015 011 \*\*\*\*25.00

05-29-1999 90015 012 \*\*\*125.00



<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P23000</b>					
1. Corporation Name <b>FAMILY INSURANCE CORPORATION</b>					
Principal Place of Business <b>18581 TELLER AVE. IRVINE CA 92612 US</b>			Mailing Address <b>P O BOX 19702 ATTN: TAX DEPT IRVINE CA 92623 US</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/15/1989</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>39-6043980</b>	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301</b>			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code <b>FL</b>		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>TD BUKOW, R.</b>			1.2 NAME		
STREET ADDRESS <b>600 ANTON BLVD</b>			1.3 STREET ADDRESS		
CITY-ST-ZIP <b>COSTA MESA CA 92626-7147</b>			1.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>D FITE, G.L.</b>			2.2 NAME		
STREET ADDRESS <b>600 ANTON BLVD</b>			2.3 STREET ADDRESS		
CITY-ST-ZIP <b>COSTA MESA CA 92626-7147</b>			2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>AV FOGARTY, T.T.</b>			3.2 NAME		
STREET ADDRESS <b>600 ANTON BLVD</b>			3.3 STREET ADDRESS		
CITY-ST-ZIP <b>COSTA MESA CA 92626-7147</b>			3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>D SPENCE, JOHN C.</b>			4.2 NAME		
STREET ADDRESS <b>18581 TELLER AVE</b>			4.3 STREET ADDRESS		
CITY-ST-ZIP <b>IRVINE CA 92612</b>			4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>AT HITZEL, T.G.</b>			5.2 NAME		
STREET ADDRESS <b>17 NORTH PORTOLA</b>			5.3 STREET ADDRESS		
CITY-ST-ZIP <b>SO LAGUNS BEACH CA</b>			5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>P ATON, NEAL R</b>			6.2 NAME		
STREET ADDRESS <b>18581 TELLER AVE</b>			6.3 STREET ADDRESS		
CITY-ST-ZIP <b>IRVINE CA 92612</b>			6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

 T. G. HITZEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.15.99 (714) 435-1200  
Date Daytime Phone #

CR2E034 (11/98)

0553645