

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P36438

FILED
Jan 20, 2009
Secretary of State

Entity Name: CENTURY-NATIONAL INSURANCE COMPANY

Current Principal Place of Business:

P.O. BOX 3999
NORTH HOLLYWOOD, CA 91609

New Principal Place of Business:

12200 SYLVAN STREET
NORTH HOLLYWOOD, CA 91606

Current Mailing Address:

P.O. BOX 3999
NORTH HOLLYWOOD, CA 91609

New Mailing Address:

FEI Number: 94-1368770 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: WILSON, WELDON,
Address: 12200 SYLVAN STREET
City-St-Zip: NORTH HOLLYWOOD, CA 91606

Title: DS () Delete
Name: BALICKI, MARIE
Address: 12200 SYLVAN STREET
City-St-Zip: NORTH HOLLYWOOD, CA

Title: T () Delete
Name: OSBORN, JUDITH
Address: 12200 SYLVAN STREET
City-St-Zip: NORTH HOLLYWOOD, CA 91606

Title: DP () Delete
Name: WILSON, KEVIN
Address: 12200 SYLVAN STREET
City-St-Zip: NORTH HOLLYWOOD, CA 91606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DS (X) Change () Addition
Name: BALICKI, MARIE
Address: 12200 SYLVAN STREET
City-St-Zip: NORTH HOLLYWOOD, CA 91606

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: MARIE BALICKI

DS

01/20/2009

Electronic Signature of Signing Officer or Director

_____ Date