


**2005 FOR PROFIT CORPORATION.
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P38162 1. Entity Name WILSHIRE INSURANCE COMPANY	
--	---

Principal Place of Business P.O. BOX 10800 RALEIGH, NC 27605	Mailing Address P.O. BOX 10800 RALEIGH, NC 27605
--	--

DO NOT WRITE IN THIS SPACE



04072005 No Chg-P CR2E034 (10/03)

4. FEI Number 56-1507441	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000

DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
--	------------

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KING, GEORGE E. 702 OBERLIN RD. RALEIGH, NC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO STEPHANO, STEPHEN L. 702 OBERLIN RD RALEIGH, NC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FERGUSON, JERRY H. 702 OBERLIN RD. RALEIGH, NC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS BLINSON, MICHAEL D. 702 OBERLIN ROAD RALEIGH, NC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLOGG, PETER R 702 OBERLIN RD RALEIGH, NC 27605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KERBS, EDWARD A 702 OBERLIN ROAD RALEIGH, NC 27605

<p>UN0000312282 04/18/05-80080-007 150.00</p> DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <u>Michael D. Blinson</u> <u>Michael D. Blinson</u> <u>4/13/05</u> <u>919-833-1600</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>
--