

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P40356

1. Entity Name

FAR WEST INSURANCE COMPANY

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90013 010 ***150.00

Principal Place of Business

Mailing Address

5230 LAS VIRGENES RD
ATTN: TAX MANAGER
CALABASAS CA 91302
US

P.O. BOX 4500
WOODLAND HILL S 91365-4500
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

95-3858625

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399-0300

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C ☐ Delete
NAME SAVAGE, RICHARD H.
STREET ADDRESS 5230 LAS VIRGENES RD
CITY-ST-ZIP CALABASAS CA 91302

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME SAVAGE, JOHN E.
STREET ADDRESS 5230 LAS VIRGENES RD
CITY-ST-ZIP CALABASAS CA 91302

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☒ Delete
NAME KAY, STEVEN R.
STREET ADDRESS 5230 LAS VIRGENES RD
CITY-ST-ZIP CALABASAS CA 91302

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME MELTON, ARTHUR F.
STREET ADDRESS 5230 LAS VIRGENES RD
CITY-ST-ZIP CALABASAS CA 91302

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME FRASER, EDGAR L
STREET ADDRESS 350 NORTH MCCADEN PLACE
CITY-ST-ZIP LOS ANGELES CA 90004

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SCHULTZ, CHARLES
STREET ADDRESS 325 S RIMPAU BLVD
CITY-ST-ZIP LOS ANGELES CA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John E. Savage
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN SAVAGE

5/1/00

Date

(818) 871-2000

Daytime Phone #

CR2E034 (9/99)