

Tyner Susan M  
Form 3  
January 13, 2006

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section  
30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name <b>and</b> Ticker or Trading Symbol	
Â Tyner Susan M		(Month/Day/Year)	WESTCORP /CA/ [WES]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
23 PASTEUR				
(Street)			(Check all applicable)	
IRVINE,Â CAÂ 92618			<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner	6. Individual or Joint/Group Filing(Check Applicable Line)
(City)	(State)	(Zip)	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Form filed by One Reporting Person
			(give title below) (specify below)	<input type="checkbox"/> Form filed by More than One Reporting Person
			SVP/Controller	

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	1,030	I	Westcorp Employee Stock Ownership and Salary Savings Plan

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

**Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.**

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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## Edgar Filing: Tyner Susan M - Form 3

	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)	
Employee Stock Options - Right to Buy	Â (1)	02/22/2008	Common Stock	2,500	\$ 17.32	D	Â
Employee Stock Options - Right to Buy	Â (2)	02/15/2009	Common Stock	3,000	\$ 18.3	D	Â
Employee Stock Options - Right to Buy	Â (3)	02/20/2008	Common Stock	3,000	\$ 18.78	D	Â
Employee Stock Options - Right to Buy	Â (4)	02/18/2009	Common Stock	3,000	\$ 42.19	D	Â
Employee Stock Options - Right to Buy	Â (5)	03/03/2010	Common Stock	3,000	\$ 46.66	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Tyner Susan M 23 PASTEUR IRVINE, CA 92618	Â	Â	Â SVP/Controller	Â

## Signatures

Susan M. Tyner                      01/13/2006

\_\_Signature of  
Reporting Person

Date

## Explanation of Responses:

\* If the form is filed by more than one reporting person, *see* Instruction 5(b)(v).

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. *See* 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

(1) 625 vested 2/22/02; 625 vested 2/22/03; 625 vested 2/22/04 and 625 vested 2/22/05

(2) 750 vested 2/15/03; 750 vested 2/15/04; 750 vested 2/15/05 and 750 will vest 2/15/06

(3) 1,000 vested 2/20/04; 1,000 vested 2/20/05 and 1,000 will vest 2/20/06

(4) 1,000 vested 2/18/05; 1,000 will vest 2/18/06 and 1,000 will vest 2/18/07

(5) 1,000 will vest 3/3/06, 1,000 will vest 3/3/07 and 1,000 will vest 3/3/08

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.