

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2005 8:00 am
Secretary of State

06-06-2005 90007 048 ***550.00

DOCUMENT # F98000003495 1. Entity Name BRISTOL WEST INSURANCE COMPANY						
Principal Place of Business 214 SENATE AVENUE, #405 CAMP HILL, PA 17011			Mailing Address 5701 STIRLING ROAD DAVIE, FL 33314			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 38-1865162		
Zip		Country		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				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____						
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DAILEY, JEFFREY J 5701 STIRLING ROAD DAVIE, FL 33314	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JEFFREY J. DAILEY 5701 STIRLING ROAD DAVIE, FL 33314	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS OSTER, ALEXIS 6150 OAK TREE BLVD., #500 INDEPENDENCE, OH 44131	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GREGORY J. HAMMOND 5701 STIRLING ROAD DAVIE, FL 33314	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SADLER, ROBERT 5701 STIRLING ROAD DAVIE, FL 33314	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ROBERT SADLER 5701 STIRLING ROAD DAVIE, FL 33314	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ONDECK, JOHN L 5701 STIRLING RD. DAVIE, FL 33314	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SUTTON, RANDY 5701 STIRLING RD. DAVIE, FL 33314	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT CRAIG EISENACHER 5701 STIRLING ROAD DAVIE, FL 33314	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEINMAN, EDWARD 5701 STIRLING RD. DAVIE, FL 33314	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EDWARD STEINMAN 5701 STIRLING ROAD DAVIE, FL 33314	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.						
SIGNATURE: <i>Craig Eisenacher</i> 6/1/05 954-316-5192 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #						

State of Florida
Doc # F98000003495
Bristol West Insurance Company
2005 For Profit Corporation Annual Report

ATTACHMENT

40087337

10 (cont'd) Additional OFFICERS and DIRECTORS

Title	V.P. Director
Name	Noonan, Simon
St Addr	5701 Stirling Road
City-St-Zip	Davie, FL 33314

Title	Vice Pres / Director
Name	Schafani Jr., James
St Addr	5701 Stirling Road
City-St-Zip	Davie, FL 33314

Title	Director
Name	Colton, Gary
St Addr	
City-St-Zip	Cranbury, NJ

Title	Director
Name	Byrne, Kevin
St Addr	
City-St-Zip	Cranbury, NJ

Title	Director
Name	Turner, Christine
St Addr	
City-St-Zip	Cranbury, NJ