


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90243 031 ***150.00

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
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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04252006 Chg-P CR2E034 (11/05)

4. FEI Number 38-1865162	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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
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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 _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DAILEY, JEFFREY J 5701 STIRLING ROAD 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	S HAMMOND, GREGORY J 5701 STIRLING ROAD 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	DV SADLER, ROBERT 5701 STIRLING ROAD 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	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	VDT EISENACHER, CRAIG 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	V STEINMAN, EDWARD 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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 	Date: 4/13/2006	Daytime Phone #
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

ATTACHMENT 20044120
F98000003495

State of Florida
Doc # F98000003495
Bristol West Insurance Company
2006 For Profit Corporation Annual Report

10 (cont'd)	Additional OFFICERS and DIRECTORS
Title	V.P. Director
Name	George De Heer
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	Assistant Secretary
Name	Eric Gordon
St Addr	5701 Stirling Road
City-St-Zip	Davie, FL 33314
Title	VP
Name	George O'Brien
St Addr	5701 Stirling Road
City-St-Zip	Davie, FL 33314
Title	VP
Name	Alexis Oster
St Addr	5701 Stirling Road
City-St-Zip	Davie, FL 33314
Title	Director
Name	Gary Colton
St Addr	5701 Stirling Road
City-St-Zip	Davie, FL 33314
Title	Director
Name	Kevin Byrne
St Addr	5701 Stirling Road
City-St-Zip	Davie, FL 33314
Title	Director
Name	Christine Burke
St Addr	5701 Stirling Road
City-St-Zip	Davie, FL 33314