2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT.# F9800004113

INSURANCE COMPANY OF THE WEST

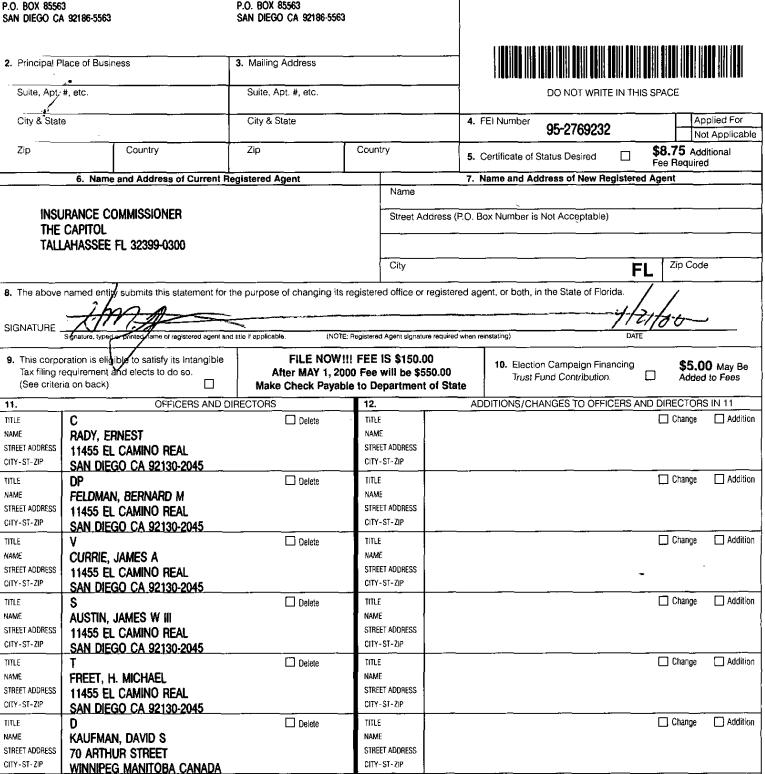
Principal Place of Business

Mailing Address

P.O. BOX 85563

\mathtt{FILED} Apr 26, 2000 8:00 am Secretary of State

04-26-2000 90060 016 ***150.00



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 trastee 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 altother like empowered.

SIGNATURE AND TYPED OP PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: