## 2002 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #** F98000004113 1. Entity Name INSURANCE COMPANY OF THE WEST

,				7			
Principal Place of Business P.O. BOX 85563 SAN DIEGO CA 92186-5563		Mailing Address P.O. BOX 85563 SAN DIEGO CA 92186-5563					
2. Principal	Place of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State			4. FEI Number 95-2769232 Applied For		
Zip Country		Zip	Country		5. Certificate of Status Desired \$8.75 Additional		
	6. Name and Address of Current	gistered Agent		·	Fee Required 7. Name and Address of New Registered Agent		
	and the same of th		N	ame	Haine and Address Of N	iew negistered Agent	·
INSURANCE COMMISSIONER				The state of the s			
THE CAPITOL			S	Street Address (P.O. Box Number is Not Acceptable)			
TALLAHASSEE FL 32399-0300							
***************************************	10000 1 0 0000						
			C	ity		FL Zip C	ode
8. The above the obligation of	e named entity submits this statement fo ations of registered agent.	r the purpose of changing its	registered of	ffice or registere	ed agent, or both, in the State	of Florida. I am familiar w	ith, and accept
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	· Registered Ager	nt signature required v	Abon rainstation	DATE	
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so.  Gria on back)	FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750. Make Check Payable to Department of Sta		10. Election Campaig Trust Fund Contril		5.00 May Be ded to Fees	
11.	OFFICERS AND		12.		ADDITIONS/CHANGES TO	OFFICERS AND DIDECT	200 IN 44
TITLE Name Street address City-St-Zip	C RADY, ERNEST 11455 EL CAMINO REAL SAN DIEGO CA 92130-2045	□ Delete	TITLE NAME STREET ADD	Rady	ident (CEO)	★ Chang	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FELDMAN, BERNARD M 11455 EL CAMINO REAL SAN DIEGO CA 92130-2045	☐ Delete	TITLE NAME STREET ADD CITY-ST-ZI	RESS Feld	ctor man, Bernard	<b>▼</b> Chang	e Addition
TITLE	V	☐ Delete	TITLE		···	☐ Chang	e
VAME	CURRIE, JAMES A		-NAME		<del></del>		
STREET ADDRESS CITY-ST-ZIP	11455 EL CAMINO REAL   SAN DIEGO CA 92130-2045		STREET ADD				}
TILE			CITY-ST-ZI	<u> </u>			
NAME STREET ADORESS CITY-ST-ZIP	S AUSTIN, JAMES W III 11455 EL CAMINO REAL SAN DIEGO CA 92130-2045	□ Delete	TITLE NAME STREET ADD CITY-ST-ZIF			☐ Chang	e
ITLE IAME TREET ADDRESS ITY-ST-ZIP	T FREET, H. MICHAEL 11455 EL CAMINO REAL SAN DIEGO CA 92130-2045	☐ Delete	TITLE NAME STREET ADDI CITY-ST-ZIP			☐ Change	Addition
ITLE IAME TREET ADDRESS	D KAUFMAN, DAVID S 70 ARTHUR STREET	<b>₹</b> Delete	TITLE NAME STREET ADDR	RFSS		☐ Change	Addition

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

WINNIPEG MANITOBA CANADA

CITY-ST-ZIP

REDFred Rostamian/V.P. &Controller 08/19/00 858=350

**FILED** 

Aug 26, 2002 8:00 am Secretary of State

08-26-2002 90050 008 \*\*\*550.00