


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90727 049 \*\*\*150.00

**DOCUMENT # F98000004113**

1. Entity Name  
**INSURANCE COMPANY OF THE WEST**



Principal Place of Business      Mailing Address  
P.O. BOX 85563                      P.O. BOX 85563  
SAN DIEGO, CA 92186-5563      SAN DIEGO, CA 92186-5563

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                              City & State

Zip      Country                      Zip      Country



01082004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**95-2769232**                      Not Applicable

5. Certificate of Status Desired       **\$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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PCEO	<input type="checkbox"/> Delete
NAME	RADY, ERNEST	
STREET ADDRESS	11455 EL CAMINO REAL	
CITY-ST-ZIP	SAN DIEGO, CA 921302045	
TITLE	D	<input type="checkbox"/> Delete
NAME	FELDMAN, BERNARD M	
STREET ADDRESS	11455 EL CAMINO REAL	
CITY-ST-ZIP	SAN DIEGO, CA 921302045	
TITLE	V	<input type="checkbox"/> Delete
NAME	CURRIE, JAMES A	
STREET ADDRESS	11455 EL CAMINO REAL	
CITY-ST-ZIP	SAN DIEGO, CA 921302045	
TITLE	S	<input type="checkbox"/> Delete
NAME	AUSTIN, JAMES W III	
STREET ADDRESS	11455 EL CAMINO REAL	
CITY-ST-ZIP	SAN DIEGO, CA 921302045	
TITLE	T	<input type="checkbox"/> Delete
NAME	FREET, H. MICHAEL	
STREET ADDRESS	11455 EL CAMINO REAL	
CITY-ST-ZIP	SAN DIEGO, CA 921302045	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAUFMAN, DAVID S	
STREET ADDRESS	70 ARTHUR STREET	
CITY-ST-ZIP	WINNIPEG MANITOBA CANADA,	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:**       04/26/04      858-350-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #