
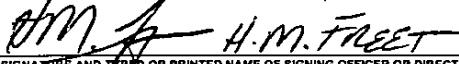


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90048 044 ***150.00

DOCUMENT # F98000004113					
1. Entity Name INSURANCE COMPANY OF THE WEST					
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.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000				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 \$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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PCEO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRIOR, KEVIN MICHAEL		NAME		
STREET ADDRESS	11455 EL CAMINO REAL		STREET ADDRESS		
CITY-ST-ZIP	SAN DIEGO, CA 92130		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDMAN, BERNARD M		NAME		
STREET ADDRESS	11455 EL CAMINO REAL		STREET ADDRESS		
CITY-ST-ZIP	SAN DIEGO, CA 921302045		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RADY, ERNEST SYLVAN		NAME		
STREET ADDRESS	11455 EL CAMINO REAL		STREET ADDRESS		
CITY-ST-ZIP	SAN DIEGO, CA 92130		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUSTIN, JAMES W III		NAME		
STREET ADDRESS	11455 EL CAMINO REAL		STREET ADDRESS		
CITY-ST-ZIP	SAN DIEGO, CA 921302045		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSTAMIAN, FRED		NAME		
STREET ADDRESS	11455 EL CAMINO REAL		STREET ADDRESS		
CITY-ST-ZIP	SAN DIEGO, CA 92130		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAUFMAN, DAVID S		NAME		
STREET ADDRESS	70 ARTHUR STREET		STREET ADDRESS		
CITY-ST-ZIP	WINNIPEG MANITOBA CANADA,		CITY-ST-ZIP		
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: 1/6/06		Daytime Phone #: 858-350-2551	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					