

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000004113

FILED
Feb 15, 2011
Secretary of State

Entity Name: INSURANCE COMPANY OF THE WEST

Current Principal Place of Business:

11455 EL CAMINO REAL
SAN DIEGO, CA 921302045 US

New Principal Place of Business:

Current Mailing Address:

11455 EL CAMINO REAL
SAN DIEGO, CA 921302045 US

New Mailing Address:

FEI Number: 95-2769232 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PCEO
Name: PRIOR, KEVIN MICHAEL
Address: 11455 EL CAMINO REAL
City-St-Zip: SAN DIEGO, CA 921302045 US

Title: D
Name: FELDMAN, BERNARD M
Address: 11455 EL CAMINO REAL
City-St-Zip: SAN DIEGO, CA 921302045 US

Title: D
Name: RADY, ERNEST SYLVAN
Address: 11455 EL CAMINO REAL
City-St-Zip: SAN DIEGO, CA 921302045 US

Title: S
Name: CANNON, MARY E
Address: 11455 EL CAMINO REAL
City-St-Zip: SAN DIEGO, CA 921302045 US

Title: V
Name: ROSTAMIAN, FRED
Address: 11455 EL CAMINO REAL
City-St-Zip: SAN DIEGO, CA 921302045 US

Title: CFO
Name: FULLER, NEAL A
Address: 11455 EL CAMINO REAL
City-St-Zip: SAN DIEGO, CA 921302045 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARY E. CANNON

S

02/15/2011

Electronic Signature of Signing Officer or Director

_____ Date