

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2005 8:00 am
Secretary of State

06-06-2005 90007 045 ***550.00

DOCUMENT # F98000003880 1. Entity Name BRISTOL WEST HOLDINGS, INC.					
Principal Place of Business C/O KOHLBERG KRAVIS ROBERTS & CO 9 WEST 57TH ST., STE 4200 NEW YORK, NY 10019			Mailing Address 5701 STIRLING ROAD FINANCE DEPARTMENT DAVIE, FL 33314		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	05242005 Chg-P CR2E034 (10/03)	
4. FEI Number 13-3994449				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
B. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	P DAILEY, JEFFREY J 5701 STIRLING RD DAVIE, FL 33314 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, JAMES R 5701 STIRLING RD DAVIE, FL 33314 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO SUTTON, RANDY 5701 STIRLING ROAD DAVIE, FL 33314 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Craig Eisenacher 5701 STIRLING ROAD DAVIE, FL 33314 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLKIN, PERRY 9 W. 57TH ST, STE 4200 NEW YORK, NY 10013 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, TODD A 9 W. 57TH ST, STE 4200 NEW YORK, NY 10019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHRISTENSEN, GEORGE 5701 STIRLING RD DAVIE, FL 33314 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Craig Eisenacher</i>		Date: <i>6/1/05</i> Daytime Phone #: <i>954.316-5192</i>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>Craig Eisenacher</i>					

ATTACHMENT

40087340

State of Florida
 Doc # F98000003880
Bristol West Holdings, Inc
 2005 For Profit Corporation Annual Report

10 (cont'd) Additional OFFICERS and DIRECTORS

Title	Vice President
Name	Dwyer, Brian J
St Addr	5701 Stirling Road
City-St-Zip	Davie, FL 33314
Title	Vice President
Name	Oster, Alexis A.
St Addr	6150 Oak Tree Blvs. #500
City-St-Zip	Independence, OH 44131
Title	Vice President
Name	Harrison, Nila J.
St Addr	5701 Stirling Road
City-St-Zip	Davie, FL 33314
Title	Vice President
Name	Noonan, Simon J
St Addr	5701 Stirling Road
City-St-Zip	Davie, FL 33314
Title	Vice President
Name	Ondeck, John L.
St Addr	5701 Stirling Road
City-St-Zip	Davie, FL 33314
Title	Vice President
Name	Sadler, Robert D.
St Addr	5701 Stirling Road
City-St-Zip	Davie, FL 33314
Title	Vice President
Name	Schafani Jr., James J.
St Addr	5701 Stirling Road
City-St-Zip	Davie, FL 33314