

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 01, 2011
Secretary of State

Entity Name: REPWEST INSURANCE COMPANY

Current Principal Place of Business:

2721 N. CENTRAL AVE.
PHOENIX, AZ 85004

New Principal Place of Business:

Current Mailing Address:

2721 N. CENTRAL AVE.
PHOENIX, AZ 85004

New Mailing Address:

FEI Number: 86-0274508

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 32399 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: CP
Name: SHOEN, SAMUEL J
Address: 2721 N. CENTRAL AVE.
City-St-Zip: PHOENIX, AZ 85004

Title: VP
Name: BELL, DOUGLAS M
Address: 2721 N. CENTRAL AVE.
City-St-Zip: PHOENIX, AZ 85004

Title: VP
Name: DUMKE, KATHERINE L
Address: 2721 N. CENTRAL AVE.
City-St-Zip: PHOENIX, AZ 85004

Title: S
Name: MCMULLIN, EDWARD R
Address: 2721 N. CENTRAL AVE.
City-St-Zip: PHOENIX, AZ 85004

Title: T
Name: KORINEK, KRISTIN N
Address: 2721 N. CENTRAL AVE.
City-St-Zip: PHOENIX, AZ 85004

Title: D
Name: BERG, JASON A
Address: 2721 N. CENTRAL AVE.
City-St-Zip: PHOENIX, AZ 85004

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: EDWARD R. MCMULLIN

S

04/01/2011

Electronic Signature of Signing Officer or Director

Date