

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000437

Entity Name: REPWEST INSURANCE COMPANY**Current Principal Place of Business:**2721 N. CENTRAL AVE.
PHOENIX, AZ 85004**Current Mailing Address:**2721 N. CENTRAL AVE.
PHOENIX, AZ 85004**FEI Number: 86-0274508****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title PRESIDENT, DIRECTOR
Name BELL, DOUGLAS M
Address 2721 N. CENTRAL AVE.
City-State-Zip: PHOENIX AZ 85004

Title TREASURER, SECRETARY, VP
Name MULLEN, JONATHAN O
Address 2721 N. CENTRAL AVE.
City-State-Zip: PHOENIX AZ 85004

Title DIRECTOR
Name BERG, JASON A
Address 2727 N. CENTRAL AVE.
City-State-Zip: PHOENIX AZ 85004

Title DIRECTOR
Name WILLSON, SCOTT R
Address 2727 N. CENTRAL AVE.
City-State-Zip: PHOENIX AZ 85004

Title DIRECTOR
Name SHOEN, EDWARD J
Address 2727 N. CENTRAL AVE
City-State-Zip: PHOENIX AZ 85004

Title DIRECTOR
Name SHOEN, SAMUEL J
Address 2727 N. CENTRAL AVE
City-State-Zip: PHOENIX AZ 85004

Title DIRECTOR
Name TAYLOR, JOHN C
Address 2727 N. CENTRAL AVE
City-State-Zip: PHOENIX AZ 85004

Title VP
Name PIRMANN, ROBERT J
Address 2721 N. CENTRAL AVE.
City-State-Zip: PHOENIX AZ 85004

Continues on page 2

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: DOUGLAS M BELL**PRESIDENT****04/18/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DONAHUE, TRACY L
Address 9999 N 90TH STREET
City-State-Zip: SCOTTSDALE AZ 85258

Title DIRECTOR
Name MULLEN, DANIEL R
Address 2721 N. CENTRAL AVE.
City-State-Zip: PHOENIX AZ 85004