## 2024 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

FILED Apr 18, 2024

**Secretary of State** 

2817700547CC

Officer/Director Detail:

TitlePRESIDENT, DIRECTORTitleDIRECTORNameBELL, DOUGLAS MNameBERG, JASON A

Address 2721 N. CENTRAL AVE. Address 2727 N. CENTRAL AVE.

City-State-Zip: PHOENIX AZ 85004 City-State-Zip: PHOENIX AZ 85004

Title DIRECTOR Title DIRECTOR

NameSHOEN, EDWARD JNameSHOEN, SAMUEL JAddress2727 N. CENTRAL AVEAddress2727 N. CENTRAL AVECity-State-Zip:PHOENIX AZ 85004City-State-Zip:PHOENIX AZ 85004

Title DIRECTOR Title DIRECTOR

Name TAYLOR, JOHN C Name MULLEN, DANIEL R

Address 2727 N. CENTRAL AVE Address 2721 N. CENTRAL AVE.

City-State-Zip: PHOENIX AZ 85004 City-State-Zip: PHOENIX AZ 85004

Title DIRECTOR Title SECRETARY

Name SHENEFIELD, TRENT M Name RAYAS, ANTONIO

Address 2727 N CENTRAL AVENUE Address 2721 N CENTRAL AVENUE

City-State-Zip: PHOENIX AZ 85004 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: ANTONIO RAYAS SECRETARY 04/18/2024

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title TREASURER

Name KRUMM, ARTHUR

Address 2721 N CENTRAL AVENUE

City-State-Zip: PHOENIX AZ 85004