

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000003780

**Entity Name:** RISK INSURANCE BROKERS OF THE WEST INC.

**Current Principal Place of Business:**

4600 TOUCHTON RD  
STE 150  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

PO BOX 509039  
SAN DIEGO, CA 92150-9039 US

**FEI Number:** 95-3222939

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S PINE ISLAND ROAD  
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            ANTHONY, KIMBERLY K  
Address        15025 INNOVATION DRIVE  
City-State-Zip: SAN DIEGO CA 92128

Title            DIRECTOR, TREASURER  
Name            ROSTAMIAN, FARIBORZ E  
Address        15025 INNOVATION DRIVE  
City-State-Zip: SAN DIEGO CA 92128

Title            ASST. SECRETARY  
Name            FROEHLER, MISAKO  
Address        15025 INNOVATION DRIVE  
City-State-Zip: SAN DIEGO CA 92128

Title            DIRECTOR, SECRETARY  
Name            LEON, TERESA R.T.  
Address        15025 INNOVATION DRIVE  
City-State-Zip: SAN DIEGO CA 92128

*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:** TERESA R.T. LEON

**SECRETARY**

**03/16/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date