

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000003495

Entity Name: BRISTOL WEST INSURANCE COMPANY**Current Principal Place of Business:**900 S PINE ISLAND ROAD
SUITE 600
PLANTATION, FL 33324**Current Mailing Address:**TAX DEPARTMENT
PO BOX 2450
GRAND RAPIDS, MI 49501-2450 US**FEI Number:** 38-1865162**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 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 KAPPLER, ERIC E
Address 5990 W CREEK RD
City-State-Zip: INDEPENDENCE OH 44131

Title S
Name BROWN, MARTIN R
Address 5600 BEECH TREE LANE
City-State-Zip: CALEDONIA MI 49816

Title VP, TREASURER
Name AGUILERA, MARIA E
Address 900 S PINE ISLAND ROAD
 STE 600
City-State-Zip: PLANTATION FL 33324

Title VP
Name MC CARTHY, VICTORIA L
Address 6301 OWENSMOUTH AVE
City-State-Zip: WOODLAND HILLS CA 91367

Title VP
Name MYHAN, RONALD G
Address 6301 OWENSMOUTH AVE
City-State-Zip: WOODLAND HILLS CA 91367

Title ASST. TREASURER
Name PEPPER, JEFFREY L
Address 5600 BEECH TREE LANE
City-State-Zip: CALEDONIA CA 90010

Title VP, DIRECTOR
Name WILLIAMS, TODD M
Address 640 CENTURY POINT
City-State-Zip: LAKE MARY FL 32746

Title DIRECTOR
Name BROWN, THOMAS D
Address 2525 E EUCLID
 #214
City-State-Zip: DES MOINES IA 50317

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: JEFFREY L PEPPER

ASST TREASURER

04/16/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SCOTT, JANICE G
Address 3427 DEER PARK DR
 STE #C
City-State-Zip: STOCKTON CA 95219

Title VP
Name BAUR, MAITE I
Address 4750 WILSHIRE BLVD
City-State-Zip: LOS ANGELES CA 90010

Title DIRECTOR
Name BLEAVINS, MARLA B
Address 425 S PALOS VERDES ST
City-State-Zip: SAN PEDRO CA 90731