

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000003495

Entity Name: BRISTOL WEST INSURANCE COMPANY**Current Principal Place of Business:**5701 STIRLING ROAD
DAVIE, FL 33314**Current Mailing Address:**5701 STIRLING ROAD
DAVIE, FL 33314**FEI Number:** 38-1865162**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
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	DP
Name	MADDEN, TIMOTHY
Address	5701 STIRLING ROAD
City-State-Zip:	DAVIE FL 33314

Title	S
Name	BROWN, MARTIN J
Address	4680 WILSHIRE BLVD
City-State-Zip:	LOS ANGELES CA 90010

Title	V, TREASURER
Name	AGUILERA, MARIA
Address	5701 STIRLING ROAD
City-State-Zip:	DAVIE FL 33314

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: MARIA AGUILERA

VP

02/15/2013

Electronic Signature of Signing Officer/Director Detail_____
Date