

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F98000004113

**FILED**  
**Mar 11, 2019**  
**Secretary of State**  
**2395838857CC**

**Entity Name:** INSURANCE COMPANY OF THE WEST

**Current Principal Place of Business:**

15025 INNOVATION DRIVE  
SAN DIEGO, CA 92128-3409

**Current Mailing Address:**

15025 INNOVATION DRIVE  
SAN DIEGO, CA 92128-3409 US

**FEI Number:** 95-2769232

**Certificate of Status Desired:** No

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

CHIEF FINANCIAL OFFICER  
200 E GAINES STREET  
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, CEO, DIRECTOR  
Name            PRIOR, KEVIN MICHAEL  
Address        15025 INNOVATION DRIVE  
City-State-Zip: SAN DIEGO CA 92128-3409

Title            DIRECTOR, VC  
Name            FELDMAN, BERNARD M  
Address        11455 EL CAMINO REAL  
City-State-Zip: SAN DIEGO CA 92130-2045

Title            CHAIRMAN  
Name            RADY, ERNEST SYLVAN  
Address        11455 EL CAMINO REAL  
City-State-Zip: SAN DIEGO CA 92130-2045

Title            SECRETARY, DIRECTOR  
Name            LEON, TERESA RT  
Address        15025 INNOVATION DRIVE  
City-State-Zip: SAN DIEGO CA 92128-3409

Title            CFO, DIRECTOR  
Name            ROSTAMIAN, FRED  
Address        15025 INNOVATION DRIVE  
City-State-Zip: SAN DIEGO CA 92128-3409

Title            DIRECTOR  
Name            ZAMORA, PAUL FRANCIS  
Address        15025 INNOVATION DRIVE  
City-State-Zip: SAN DIEGO CA 92128-3409

*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**

**03/11/2019**

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

\_\_\_\_\_  
Date