

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F98000004113

**FILED**  
**Mar 08, 2016**  
**Secretary of State**  
**CC7298019395**

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

**Current Principal Place of Business:**

11455 EL CAMINO REAL  
SAN DIEGO, CA 92130-2045

**Current Mailing Address:**

11455 EL CAMINO REAL  
SAN DIEGO, CA 92130-2045 US

**FEI Number:** 95-2769232

**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 PCEO  
Name PRIOR, KEVIN MICHAEL  
Address 11455 EL CAMINO REAL  
City-State-Zip: SAN DIEGO CA 92130-2045

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

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

Title S  
Name CANNON, MARY E  
Address 11455 EL CAMINO REAL  
City-State-Zip: SAN DIEGO CA 92130-2045

Title CFO  
Name ROSTAMIAN, FRED  
Address 11455 EL CAMINO REAL  
City-State-Zip: SAN DIEGO CA 92130-2045

Title COO  
Name HOPPEN, DAVID G  
Address 11455 EL CAMINO REAL  
City-State-Zip: SAN DIEGO CA 92130-2045

*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:** MARY E. CANNON

**SECRETARY**

**03/08/2016**

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

\_\_\_\_\_  
Date