

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90145 046 \*\*\*150.00

<b>DOCUMENT # F01000002734</b>					
<b>1. Entity Name</b> COMMONWEALTH INSURANCE COMPANY OF AMERICA					
<b>Principal Place of Business</b> 1700 SEVENTH AVE STE 1850 SEATTLE, WA 98101-1397			<b>Mailing Address</b> PO BOX 34069 SEATTLE, WA 98124		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 91-1673817	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fees Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
CHIEF FINANCIAL OFFICER P.O. BOX 6200 32314-6200 200 E. GAINES ST. TALLAHASSEE, FL 32399			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC SCHWAB, RONALD G 595 BURRARD STREET, SUITE 1500 VANCOUVER BC CANADA, <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Hurford, Craig A 595 Burrard Street, Suite 1500 Vancouver, BC, Canada <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HURFORD, CRAIG A 595 BURRARD STREET, SUITE 1500 VANCOUVER BC CANADA, <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Fus, Timothy R 595 Burrard Street, Suite 1500 Vancouver, BC, Canada <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV PARRY, DONALD M 595 BURRARD STREET, SUITE 1500 VANCOUVER BC CANADA, <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV PHILLIPS, NOEL 595 BURRARD STREET, SUITE 1500 VANCOUVER BC CANADA, <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETTS, WINSLOW W 505 BURRARD STREET, SUITE 1880 VANCOUVER BC CANADA, <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HUNTER, EDWARD 1700 SEVENTH AVE, SUITE 1850 SEATTLE, WA 981011397 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Hunter, Edward P 1700 Seventh Avenue, Suite 1850 Seattle, WA 98101-1397 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> _____ <b>Donald Parry</b> <b>April 27, 2006 (604) 683-5511</b>					

# ATTACHMENT

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<b>TITLE</b> PC <b>NAME</b> SCHWAB, RONALD G <b>STREET ADDRESS</b> 595 BURRARD STREET, SUITE 1500 <b>CITY-ST-ZIP</b> VANCOUVER BC CANADA,	<input type="checkbox"/> Delete		<b>TITLE</b> C <b>NAME</b> Schwab, Ronald G <b>STREET ADDRESS</b> 595 Burrard Street, Suite 1500 <b>CITY-ST-ZIP</b> Vancouver, BC Canada	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> DV <b>NAME</b> HURFORD, CRAIG A <b>STREET ADDRESS</b> 595 BURRARD STREET, SUITE 1500 <b>CITY-ST-ZIP</b> VANCOUVER BC CANADA,	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Shaw, Dennis G. <b>STREET ADDRESS</b> 595 Burrard Street, Suite 1500 <b>CITY-ST-ZIP</b> Vancouver, BC Canada	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> SV <b>NAME</b> PARRY, DONALD M <b>STREET ADDRESS</b> 595 BURRARD STREET, SUITE 1500 <b>CITY-ST-ZIP</b> VANCOUVER BC CANADA,	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> TV <b>NAME</b> PHILLIPS, NOEL <b>STREET ADDRESS</b> 595 BURRARD STREET, SUITE 1500 <b>CITY-ST-ZIP</b> VANCOUVER BC CANADA,	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> BENNETTS, WINSLOW W <b>STREET ADDRESS</b> 505 BURRARD STREET, SUITE 1880 <b>CITY-ST-ZIP</b> VANCOUVER BC CANADA,	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> V <b>NAME</b> HUNTER, EDWARD <b>STREET ADDRESS</b> 1700 SEVENTH AVE, SUITE 1850 <b>CITY-ST-ZIP</b> SEATTLE, WA 98101-1397	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>SIGNATURE:</b> _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					

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