2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 28, 2006 8:00 am Secretary of State DOCUMENT # F01000002734 04-28-2006 90145 046 ***150.00 COMMONWEALTH INSURANCE COMPANY OF AMERICA **40000** Principal Place of Business Mailing Address 1700 SEVENTH AVE PO BOX 34069 SEATTLE, WA 98124 STE 1850 SEATTLE, WA 98101-1397 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 04262006 Cha-P CR2E034 (11/05) City & State City & State 4 FFI Number Applied For 91-1673817 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHIEF FINANCIAL OFFICER Street Address (P.O. Box Number is Not Acceptable) P.O.BOX 6200 32314-6200 200 E. GAINES ST. TALLAHASSEE, FL 32399 City Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition Hurford, Cran A SCHWAB, RONALD G NAME 595 Burard Street, Suite 1500 NAME STREET ADDRESS 595 BURRARD STREET, SUITE 1500 STREET ADDRESS VANCOUVER BC CANADA, CITY-S1-ZIP CITY-ST-Z!P Vancouver. TITLE Delete TITLE ☐ Change ☐ Addition Ius, Timothy NAME HURFORD, CRAIG A NAME Burrard Street, Suite 1500 STREET ADDRESS 595 BURRARD STREET, SUITE 1500 STREET ADDRESS CITY-ST-ZIP VANCOUVER BC CANADA, CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition PARRY, DONALD M NAME NAME STREET ADDRESS 595 BURRARD STREET, SUITE 1500 STREET ADDRESS VANCOUVER BC CANADA, CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition PHILLIPS, NOEL NAME NAME 595 BURRARD STREET, SUITE 1500 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VANCOUVER BC CANADA, CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition BENNETTS, WINSLOW W NAME NAME STREET ADDRESS 505 BURRARD STREET, SUITE 1880 STREET ADDRESS CITY-ST-ZIP VANCOUVER BC CANADA, CITY-ST-ZIF TITLE ☐ Delete ☑ Change ☐ Addition Hunter, Edward P 1700 Seventh Avenue, Suite 1850 HUNTER, EDWARD NAME NAME STREET ADDRESS 1700 SEVENTH AVE, SUITE 1850 STREET ADDRESS SEATTLE, WA 981011397 Seattle, WA 98101-1397 CITY-ST-ZIP 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 perfort 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 true elegible of the corporation or the receiver or true elegible or the secure that I am an officer or director of the corporation or the receiver or true elegible or the secure of the corporation of the receiver of the secure of the secure of the corporation of the receiver or true elegible or the secure of the secure of

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ATTACHMENT

2006 FOR PROFIT CORPORATION ANNUAL REPORT

1. Entity Nam	MENT # F0100000 iwealth ins urance ?		IICA							
Principal Place of Business 1700 SEVENTH AVE STE 1850 SEATTLE, WA 98101-1397		Mailing Address PO BOX 34069 SEATTLE, WA 98124			1	4006	2800	05		
2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04262006	Chg-P	CR2E0	34 (11/05)	
City & State		City & State				4. FEI Number Applied For 91-1673817 Not Applicate				oplied For ot Applicable
Zip Country		Žip Coul		try		5. Certificate	of Status Desired	.	\$8.75 Add	
-	6. Name and Address of Curre	nt Registered Agent		Name		7. Name and	Address of New	v Registered	Agent	
	ANCIAL OFFICER				drace (I	P O Boy Numb	er is Not Accepta	hie)	•	
200 E. GA			Street Address			F.O. BOX NUMB	er is Not Accepta			
TALLAHASSEE, FL 32399				City				FL	Zip Cod	le
8. The above	named entity submits this statement	for the purpose of changing it	ls register	l ed office or i	register	ed agent, or bo	th, in the State of		familiar with,	and accept
the obligat	ions of registered agent.									
SIGNATORES	Signature, typed or printed name of registered ag-	ent and title if applicable. (NO	TE: Registere	d Agent signatur	e required	when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550	9. Election Camp Trust Fund Cor	•	ncing		00 May Be ed to Fees				
10.	OFFICERS AN	ID DIRECTORS Delete	11.	. 1.	<u> </u>		CHANGES TO O			
NAME STREET ADDRESS CITY-ST-ZIP	SCHWAB, RONALD G 595 BURRARD STREET, SUITE 1500			E EET ADDRESS -ST-ZIP	schu 595 Van	burrard	ld G Street, S BL Car	oute 150 nade	☐ Change	⊠ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PARRY, DONALD M 595 BURRARD STREET, SUITE 1500 VANCOUVER BC CANADA,			E ET ADDRESS -ST-ZIP					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV Detete PHILLIPS, NOEL 595 BURRARD STREET, SUITE 1500 VANCOUVER BC CANADA,			E Et address -St-Zip					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETTS, WINSLOW W 505 BURRARD STREET, SUITE 1880 VANCOUVER BC CANADA.			E Et address - St-Zip					☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	V HUNTER, EDWARD 1700 SEVENTH AVE, SUITE 1 SEATTLE, WA 9810 1397		CITY	E Et address - St-Zip					☐ Change	☐ Addition
OF THE COL	ertify that the information supplied won this report or supplemental report or supplemental report or attachment with an address	ipowered to execute this repor	t as requi	emptions col lure shall har red by Chap	ntained ve the s iter 607	in Chapter 119 same legal effec , Florida Statute), Florida Statutes it as if made unde is; and that my na	s. I further cert er oath; that I s ame appears i	tify that the it am an officer n Block 10 o	nformation or director r Block 11 if
SIGNAT		R PRINTED NAME OF SIGNING OFFICE	R OR DIRECT	OR			Date		Paytima Phone #	