2008 FOR PROFIT CORPORATION

Apr 14, 2008 8:00 am Secretary of State ANNUAL REPORT 04-14-2008 90048 016 ***150.00 DOCUMENT # F01000002734 COMMONWEALTH INSURANCE COMPANY OF AMERICA Principal Place of Business Mailing Address 40067961 1700 SEVENTH AVE PO BOX 34069 SEATTLE, WA 98124 STE 1850 SEATTLE, WA 98101-1397 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04042008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 91-1673817 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 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 FL 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change D ■ Addition PD TITLE ☐ Delete TITLE HURFORD, CRAIG. A HURFORD, CRAIG A NAME NAME 545 BURRARD ST. SULTE 1500 595 BURRARD ST SUITE 1500 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VANCOUVER BC CANADA, CITY-ST-ZIP Vancouver , BC V7x 194 PD Change ☐ Addition HTLE Delete TITLE IUS, TIMOTHY R IUS, TIMOTHY R NAME 595 BURRARD ST SUITE 1500 STREET ADDRESS STREET ADDRESS Same as above CITY-ST-ZIP VANCOUVER BC CANADA, CITY-ST-ZIP $\overline{\mathcal{D}}$ Addition ☐ Change ☐ Delete TITLE TITLE PARRY-DONALD M Schwab, Konald G NAME -STREET ADDRESS 595 BURRARD STREET, SUITE 1500 STREET ADDRESS Same as above CITY-ST-ZIP CITY-ST-ZIP VANCOUVER BC CANADA. D ☐ Change Addition ☐ Delete TITLE TITLE Shave, Dannis G PHILLIPS, NOEL NAME NAME 595 BURRARD STREET, SUITE 1500 STREET ADDRESS STREET ADDRESS VANCOUVER BC CANADA, CITY-S1-ZIP CUY+SI-7(P Detete ☐ Change ✓ Addition TITLE THLE BENNETTS, WINSLOW W NAMÉ STREET ADDRESS 505 BURRARD STREET, SUITE 1880 STREET ADORESS CITY-ST-ZIP VANCOUVER BC CANADA. CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete THE TRILE

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 of quastee emplowered 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

HUNTER, EDWARD P

SEATTLE, WA 981011397

1700 SEVENTH AVE, SUITE 1850

NAME

STREET ADDRESS

CITY-ST-7IP

Donald Parry SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

(BOM) 683-5511

Daytime Phone #

Date

FILED