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(Requestor's Name)

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(City/State/Zip/Phone #)

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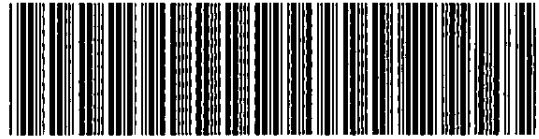
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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*J* 9/03/09

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:**

CompWest Insurance Company

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Chris Folkman

Name of Person

CompWest Insurance Company

Firm/Company

301 Howard St. Suite 1700

Address

San Francisco, CA 94105

City/State and Zip code

cfolkman@compwestinsurance.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chris Folkman

Name of Person

at (415) 593 5155

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. CompWest Insurance Company  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")  
WestComp Insurance Company  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. California 3. 20-1117107  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 4/28/04 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Have not yet transacted  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 301 Howard St. Suite 1700 San Francisco, CA 94105  
(Principal office address)  
Same  
(Current mailing address)
8. Insure Florida Businesses  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  
Name: National Corporate Research LTD., Inc.  
Office Address: 515 East Park Ave.  
Tallahassee, Florida 32301  
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

[Signature]  
(Registered agent's signature)

A.P. Polizzi  
Ass't Sec'y

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: \_\_\_\_\_

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_

(Signature of Director or Officer listed in number 12 of the application)

14. \_\_\_\_\_

Stephen C. Pogue, Secretary  
(Typed or printed name and capacity of person signing application)

\* See Attached List

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## **Officers:**

William James Mudge – President and CEO  
Stephen Charles Pogue – Chief Operating Officer and Corporate Secretary  
Ronald Douglas Field – Chief Medical Officer  
Patrick Joseph Persse – Chief Financial Officer  
Kenneth Richard Van Laar, Jr. – Chief Underwriting Officer

### ***Address for all of the above:***

CompWest Insurance Company  
301 Howard St. #1700  
San Francisco, CA 94105

## **Directors:**

Mark Robert Bartlett  
Accident Fund Insurance Company  
232 South Capitol Ave  
Lansing, MI 48933

Elizabeth Ruth Haar  
Accident Fund Insurance Company  
232 South Capitol Ave  
Lansing, MI 48933

Daniel Joseph Loepp  
Accident Fund Insurance Company  
232 South Capitol Ave  
Lansing, MI 48933

William James Mudge  
CompWest Insurance Company  
301 Howard St. #1700  
San Francisco, CA 94105

Stephen Charles Pogue  
CompWest Insurance Company  
301 Howard St. #1700  
San Francisco, CA 94105

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**State of California**  
**Secretary of State**

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**CERTIFICATE OF STATUS**

**ENTITY NAME:**

COMPWEST INSURANCE COMPANY

FILE NUMBER: C2649693  
FORMATION DATE: 04/28/2004  
TYPE: DOMESTIC CORPORATION  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to exercise  
all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial  
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of  
California this day of August 11, 2009.

*Debra Bowen*

**DEBRA BOWEN**  
**Secretary of State**