

F09000003514

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

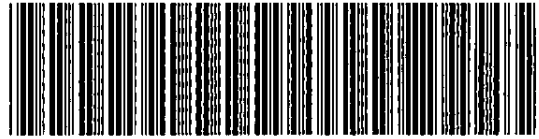
(Business Entity Name)

(Document Number)

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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 at (415) 593 5155
Name of Person 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

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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

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:

* - See Attached List

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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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)

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