

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003514

FILED
Apr 28, 2011
Secretary of State

Entity Name: COMPWEST INSURANCE COMPANY

Current Principal Place of Business:

301 HOWARD STREET
SUITE 1700
SAN FRANCISCO, CA 94105

New Principal Place of Business:

Current Mailing Address:

301 HOWARD STREET
SUITE 1700
SAN FRANCISCO, CA 94105

New Mailing Address:

FEI Number: 20-1117107 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH LTD., INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: CFO
Name: PERSSE, PATRICK J
Address: 301 HOWARD STREET #1700
City-St-Zip: SAN FRANCISCO, CA 94105

Title: PCEO
Name: MUDGE, WILLIAM J
Address: 301 HOWARD STREET #1700
City-St-Zip: SAN FRANCISCO, CA 94105

Title: D
Name: SCHOEN, RONALD H
Address: 232 SOUTH CAPITOL AVENUE
City-St-Zip: LANSING, MI 48933

Title: D
Name: HAAR, ELIZABETH R
Address: 232 SOUTH CAPITOL AVENUE
City-St-Zip: LANSING, MI 48933

Title: D
Name: MUDGE, WILLAM J
Address: 301 HOWARD STREET #1700
City-St-Zip: SAN FRANCISCO, CA 94105

Title: D
Name: PHILLIPS, ANTHONY G
Address: 232 SOUTH CAPITOL AVENUE
City-St-Zip: LANSING, MI 48933

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PATRICK J. PERSSE

CFO

04/28/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date