


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90413 033 ***150.00

DOCUMENT # F98000003880					
1. Entity Name BRISTOL WEST HOLDINGS, INC.					
Principal Place of Business C/O KOHLBERG KRAVIS ROBERTS & CO 9 WEST 57TH ST., STE 4200 NEW YORK, NY 10019			Mailing Address 5701 STIRLING ROAD FINANCE DEPARTMENT DAVIE, FL 33314		
2. Principal Place of Business - No P.O. Box # 5701 Stirling Rd		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Davie FL		City & State		4. FEI Number 13-3994449	
Zip 33314		Country Broward		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME DAILEY, JEFFREY J STREET ADDRESS 5701 STIRLING RD CITY-ST-ZIP DAVIE, FL 33314	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE CEO D → NAME FISHER, JAMES R STREET ADDRESS 5701 STIRLING RD CITY-ST-ZIP DAVIE, FL 33314	<input type="checkbox"/> Delete		TITLE Dir & Exec Chairman NAME Fisher, James R STREET ADDRESS 5701 Stirling Rd CITY-ST-ZIP Davie FL 33314	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE CFO NAME EISENACHEZ, CRAIG STREET ADDRESS 5701 STIRLING ROAD CITY-ST-ZIP DAVIE, FL 33314	<input checked="" type="checkbox"/> Delete		TITLE CFO NAME SADBler Robert STREET ADDRESS 5701 Stirling Rd CITY-ST-ZIP Davie - FL 33314	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME GOLKIN, PERRY STREET ADDRESS 9 W. 57TH ST, STE 4200 CITY-ST-ZIP NEW YORK, NY 10013	<input type="checkbox"/> Delete		TITLE Asst. Secretary NAME Hammond, Gregory STREET ADDRESS 5701 Stirling Rd CITY-ST-ZIP Davie FL 33314	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME FISHER, TODD A STREET ADDRESS 9 W. 57TH ST, STE 4200 CITY-ST-ZIP NEW YORK, NY 10019	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME CHRISTENSEN, GEORGE STREET ADDRESS 5701 STIRLING RD CITY-ST-ZIP DAVIE, FL 33314	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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 or trustee empowered 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.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/25/2007 Date		
Daytime Phone # _____					

ATTACHMENT

State of Florida

Doc # F98000003880

Bristol West Holdings, Inc

2006 For Profit Corporation Annual Report

40089292

10 (cont'd) Additional OFFICERS and DIRECTORS

Title	COO + Exec. Vice President
Name	Noonan, Simon J
St Addr	5701 Stirling Road
City-St-Zip	Davie, FL 33314

Title	Sr. Vice President
Name	Bandi, Anne M.
St Addr	5701 Stirling Road
City-St-Zip	Davie, FL 33314

Title	Sr. Vice President
Name	Burtch, Douglas R
St Addr	5701 Stirling Road
City-St-Zip	Davie, FL 33314

Title	Sr. Vice President
Name	Dwyer, Brian J
St Addr	5701 Stirling Road
City-St-Zip	Davie, FL 33314

Title	Sr. Vice President
Name	Oster, Alexis A.
St Addr	5990 West Creek Rd - Rockside Ctr III
City-St-Zip	Independence, OH 44131

Title	Sr. Vice President
Name	Schafani Jr., James
St Addr	5701 Stirling Road
City-St-Zip	Davie, FL 33314

Title	Sr. Vice President
Name	Sylvan, Audrey E.
St Addr	5701 Stirling Road
City-St-Zip	Davie, FL 33314

Title	Sr. Vice President
Name	Harrison, Nila J.
St Addr	5701 Stirling Road
City-St-Zip	Davie, FL 33314

Title	Sr. Vice President
Name	Latva, Ronald E.
St Addr	5701 Stirling Road
City-St-Zip	Davie, FL 33314

Title	Sr. Vice President
Name	O'Brien, George
St Addr	5701 Stirling Road
City-St-Zip	Davie, FL 33314

Title	Sr. Vice President
Name	Ondeck, John L.
St Addr	5701 Stirling Road
City-St-Zip	Davie, FL 33314

Title	Vice President
Name	Taft, Robert
St Addr	5701 Stirling Road
City-St-Zip	Davie, FL 33314