

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000005702

FILED
Feb 15, 2008
Secretary of State

Entity Name: NEW WEST INSURANCE, L.L.C.

Current Principal Place of Business:

280 W. 2ND ST.
PO BOX 5859
KETCHUM, ID 83340

New Principal Place of Business:

280 W. 2ND ST.
KETCHUM, ID 83340

Current Mailing Address:

280 W. 2ND ST.
PO BOX 5859
KETCHUM, ID 83340

New Mailing Address:

FEI Number: 95-4144045 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BLACK, WILLIAM
200 N. DENNING DR. SUITE 3
WINTER PARK, FL 32789 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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SMITH, PAM
Address: 280 W. 2ND ST./ PO BOX 5859
City-St-Zip: KETCHUM, ID 83340

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PAM SMITH

MGR

02/15/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date