

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000074275

Entity Name: BRISTOL WEST INSURANCE SERVICES, INC. OF FLORIDA

Current Principal Place of Business:

900 S. PINE ISLAND ROAD
ATTN:LYN FRITTER SUITE 600
PLANTATION, FL 33324

Current Mailing Address:

900 S. PINE ISLAND ROAD
ATTN:LYN FRITTER SUITE 600
PLANTATION, FL 33324 US

FEI Number: 65-0616769

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US

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

Officer/Director Detail :

Title PD
Name MADDEN, TIMOTHY
Address 900 S. PINE ISLAND ROAD
City-State-Zip: PLANTATION FL 33324

Title S
Name BROWN, MARTIN
Address 5600 BEACH TREE LANE
City-State-Zip: CALEDONIA MI 49816

Title VP, TREASURER
Name AGUILERA, MARIA
Address 900 S. PINE ISLAND ROAD
City-State-Zip: PLANTATION FL 33324

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: MARIA AGUILERA

VP-TREASURER

01/08/2014

Electronic Signature of Signing Officer/Director Detail

Date