2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000003495

Entity Name: BRISTOL WEST INSURANCE COMPANY

Current Principal Place of Business:

900 S PINE ISLAND ROAD SUITE 600

PLANTATION, FL 33324

Current Mailing Address:

TAX DEPARTMENT PO BOX 2450

GRAND RAPIDS, MI 49501-2450 US

FEI Number: 38-1865162 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 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

FILED Apr 02, 2021

Secretary of State

0714187953CC

Officer/Director Detail:

PRESIDENT, DIRECTOR Title Title S

BROWN, MARTIN R Name KOOPMAN, BRONWYN E Name Address 5990 W CREEK RD Address 5600 BEECH TREE LANE CALEDONIA MI 49816 City-State-Zip: INDEPENDENCE OH 44131 City-State-Zip:

VΡ Title Title VP, TREASURER

Name MC CARTHY, VICTORIA L Name AGUILERA, MARIA E 6301 OWENSMOUTH AVE Address 900 S PINE ISLAND ROAD Address

STE 600

City-State-Zip: WOODLAND HILLS CA 91367 City-State-Zip: PLANTATION FL 33324

ASST. TREASURER Title VΡ Title

Name BARNES, GRETCHEN L NOH, THOMAS S Name 5600 BEECH TREE LANE Address Address 6301 OWENSMOUTH AVE

City-State-Zip: CALEDONIA CA 90010 City-State-Zip: WOODLAND HILLS CA 91367

٧P Title

Title **DIRECTOR** Name BAUR, MAITE I Name BROWN, THOMAS D

Address 6301 OWENSMOUTH AVE

Address 2525 E EUCLID WOODLAND HILLS CA 91367 City-State-Zip: #214

DES MOINES IA 50317 City-State-Zip: Continues on page 2

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: GRETCHEN L BARNES

ASSISTANT TREASURER

04/02/2021 Date

Officer/Director Detail Continued:

Title DIRECTOR

Name LORCH, DENNIS J

Address

PO BOX 99 30965 HWY 25

City-State-Zip: ADVANCE MO 63730

Title VP, DIRECTOR

Name WILLIAMS, TODD M

Address 640 CENTURY POINT

City-State-Zip: LAKE MARY FL 32746

Title DIRECTOR

Name MYHAN, RONALD G

Address 6301 OWENSMOUTH AVE

City-State-Zip: WOODLAND HILLS CA 91367