

2023 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

Officer/Director Detail :

Title VP, TREASURER
Name AGUILERA, MARIA E
Address 1300 CONCORD TERRACE
STE. 120
City-State-Zip: SUNRISE FL 33323

Title VP
Name NOH, THOMAS S
Address 6301 OWENSMOUTH AVE
City-State-Zip: WOODLAND HILLS CA 91367

Title VP
Name BAUR, MAITE I
Address 6301 OWENSMOUTH AVE
City-State-Zip: WOODLAND HILLS CA 91367

Title ASST. TREASURER
Name TOMICH, ANTHONY W
Address 6301 OWENSMOUTH AVE
City-State-Zip: WOODLAND HILLS CA 91367

Title VP
Name MC CARTHY, VICTORIA L
Address 6301 OWENSMOUTH AVE
City-State-Zip: WOODLAND HILLS CA 91367

Title ASST. TREASURER
Name BARNES, GRETCHEN L
Address 5600 BEECH TREE LANE
City-State-Zip: CALEDONIA CA 90010

Title DIRECTOR
Name MYHAN, RONALD G
Address 6301 OWENSMOUTH AVE
City-State-Zip: WOODLAND HILLS CA 91367

Title SECRETARY
Name POPP, MAURA C
Address 3 BEAVER VALLEY RD
City-State-Zip: WILMINGTON DE 19803

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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 03/16/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DEPAOLIA, ANGELA L
Address 6301 OWENSMOUTH AVE
City-State-Zip: WOODLAND HILLS CA 91367

Title DIRECTOR, PRESIDENT
Name KAPPLER, ERIC E
Address 6301 OWENSMOUTH AVE
City-State-Zip: WOODLAND HILLS CA 91367

Title VP
Name WILLIAMS, TODD M
Address 6301 OWENSMOUTH AVE
City-State-Zip: WOODLAND HILLS CA 91367

Title ASST. TREASURER
Name LANGFORD, MICHAEL J
Address 6301 OWENSMOUTH AVE
City-State-Zip: WOODLAND HILLS CA 91367

Title ASST. SECRETARY
Name GILES, MARGARET S
Address 6301 OWENSMOUTH AVE
City-State-Zip: WOODLAND HILLS CA 91367

Title ASST. SECRETARY
Name HOHL, DOREN E
Address 6301 OWENSMOUTH AVE
City-State-Zip: WOODLAND HILLS CA 91367

Title ASST. SECRETARY
Name SEHGAL, PARUL
Address 6301 OWENSMOUTH AVE
City-State-Zip: WOODLAND HILLS CA 91367

Title DIRECTOR
Name DO, CHAU THI
Address 6301 OWENSMOUTH AVE
City-State-Zip: WOODLAND HILLS CA 91367

Title DIRECTOR
Name REID, AL BERNARD
Address 6301 OWENSMOUTH AVE
City-State-Zip: WOODLAND HILLS CA 91367

Title OTHER
Name JUMP, JEREMY M
Address 6301 OWENSMOUTH AVE
City-State-Zip: WOODLAND HILLS CA 91367

Title ASST. SECRETARY
Name FENU, TIM
Address 6301 OWENSMOUTH AVE
City-State-Zip: WOODLAND HILLS CA 91367

Title ASST. SECRETARY
Name HAMMOND, GREGORY J
Address 6301 OWENSMOUTH AVE
City-State-Zip: WOODLAND HILLS CA 91367

Title ASST. SECRETARY
Name PRYOR, J NICOLE
Address 6301 OWENSMOUTH AVE
City-State-Zip: WOODLAND HILLS CA 91367