

2016 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:**900 S PINE ISLAND ROAD
SUITE 600
PLANTATION, FL 33324 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 PRESIDENT
Name MADDEN, TIMOTHY
Address 900 S PINE ISLAND ROAD
 STE 600
City-State-Zip: PLANTATION FL 33324

Title VP, TREASURER
Name AGUILERA, MARIA E
Address 900 S PINE ISLAND ROAD
 STE 600
City-State-Zip: PLANTATION FL 33324

Title VP
Name MYHAN, RONALD G
Address 4670 WILSHIRE BLVD
City-State-Zip: LOS ANGELES CA 90010

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

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

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

Title VP
Name WILLIAMS, KARYN L
Address 4680 WILSHIRE BLVD
City-State-Zip: LOS ANGELES CA 90010

Title VP
Name WILLIAMS, TODD M
Address 640 CENTURY POINT
City-State-Zip: LAKE MARY FL 32746

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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: JEFFREY L PEPPER

ASST TREASURER

01/13/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BENTLEY, KENNETH W
Address 6442 SHENANDOAH AVE
City-State-Zip: LOS ANGELES CA 90056

Title DIRECTOR
Name JACKSON, GAIL N
Address 7763 VERAGUA DR
City-State-Zip: PLAYA DEL REY CA 90293

Title DIRECTOR
Name RODRIGUEZ, DONALD E
Address 3635 LONG BEACH BLVD
City-State-Zip: LONG BEACH CA 90807

Title DIRECTOR
Name WUO, JOHN T
Address 75 N SANTA ANITA
STE 106
City-State-Zip: ARCADIA CA 91006

Title DIRECTOR
Name BROWN, THOMAS D
Address 2525 E EUCLID
#214
City-State-Zip: DES MOINES IA 50317

Title DIRECTOR
Name MARRONE, RONALD L
Address 800 E 14TH ST
City-State-Zip: PITTSBURG KS 66762

Title DIRECTOR
Name SCOTT, JANICE G
Address 3427 DEER PARK DR
STE #C
City-State-Zip: STOCKTON CA 95219