

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M31703

**Entity Name:** PHOENIX AMERICAN INSURANCE GROUP, INC.

**Current Principal Place of Business:**

6303 BLUE LAGOON DRIVE  
SUITE 225  
MIAMI, FL 33126

**Current Mailing Address:**

6303 BLUE LAGOON DRIVE  
SUITE 225  
MIAMI, FL 33126

**FEI Number:** 59-2786982

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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	Title	ST
Name	BROOKS, R. STEVEN	Name	APONTE, KATHERINE T
Address	6303 BLUE LAGOON DRIVE, SUITE, 225	Address	6303 BLUE LAGOON DRIVE, SUITE 225
City-State-Zip:	MIAMI FL 33126	City-State-Zip:	MIAMI FL 33126

*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:** KATHERINE T APONTE

**SECRETARY**

**01/17/2017**

Electronic Signature of Signing Officer/Director Detail

Date