

2018 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

02/06/2018

Electronic Signature of Signing Officer/Director Detail

Date