

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21000099803

Entity Name: VYRD INSURANCE COMPANY

Current Principal Place of Business:

360 CENTRAL AVENUE
STE 1225
ST. PETERSBURG, FL 33701

Current Mailing Address:

360 CENTRAL AVENUE
STE 1225
ST. PETERSBURG, FL 33701 US

FEI Number: 87-3720378

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E GAINES ST P.O. BOX 6200
TALLAHASSEE, FL 32314-6200 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 DIRECTOR
Name BAUER, ROBERT A
Address 360 CENTRAL AVENUE
STE 1225
City-State-Zip: ST. PETERSBURG FL 33701

Title CFO
Name BOTTJER, BRIAN D
Address 360 CENTRAL AVENUE
STE 1225
City-State-Zip: ST. PETERSBURG FL 33701

Title DIRECTOR
Name WALHEIM, JON
Address 360 CENTRAL AVENUE
STE 1225
City-State-Zip: ST. PETERSBURG FL 33701

Title DIRECTOR
Name SIVIERI, NICOLE
Address 360 CENTRAL AVENUE
STE 1225
City-State-Zip: ST. PETERSBURG FL 33701

Title DIRECTOR
Name PIEREN, STEVEN
Address 360 CENTRAL AVENUE
STE 1225
City-State-Zip: ST. PETERSBURG FL 33701

Title DIRECTOR
Name SCHIMEK, ROBERT
Address 360 CENTRAL AVENUE
STE 1225
City-State-Zip: ST. PETERSBURG FL 33701

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: BRIAN BOTTJER

VYRD INSURANCE
COMPANY

04/23/2025

Electronic Signature of Signing Officer/Director Detail

Date