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: MELISSA M. RUST

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P98000074952 Entity Name: RUST INSURANCE, INC.

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

119 WILLIAMS PARK RD GREEN COVE SPRINGS, FL 32043

Current Mailing Address:

119 WILLIAMS PARK RD GREEN COVE SPRINGS. FL 32043 US

FEI Number: 59-3547148

Name and Address of Current Registered Agent:

RUST, TIMOTHY F 119 WILLIAMS PARK RD GREEN COVE SPRINGS, FL 32043 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

Officer/Director Detail :

Title	D	Title	SECRETARY
Name	RUST, TIMOTHY F	Name	RUST, MELISSA M
Address	119 WILLIAMS PARK RD	Address	119 WILLIAMS PARK RD
City-State-Zip:	GREEN COVE SPRINGS FL 32043	City-State-Zip:	GREEN COVE SPRINGS FL 32043

SECRETARY

01/14/2021 Date

FILED Jan 14, 2021 Secretary of State 5273169573CC

Certificate of Status Desired: No

Date