

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000003256

Entity Name: GENY INSURANCE GROUP, LLC**Current Principal Place of Business:**992 DAVIDSON DRIVE
SUITE 108
NASHVILLE, TN 37205**Current Mailing Address:**992 DAVIDSON DRIVE
SUITE 108
NASHVILLE, TN 37205**FEI Number:** 80-0876321**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COGENCY GLOBAL INC.
115 NORTH CALHOUN ST.
SUITE 4
TALLAHASSEE, FL 32301 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**Authorized Person(s) Detail :**

Title	PRESIDENT
Name	LOMAX, TRACY H
Address	992 DAVIDSON DRIVE SUITE 108
City-State-Zip:	NASHVILLE TN 37205

Title	MGRM
Name	ALDRIDGE, DAVID B
Address	992 DAVIDSON DRIVE, SUITE 108
City-State-Zip:	NASHVILLE TN 37205

Title	VP
Name	BOWLES, DAVID
Address	992 DAVIDSON DRIVE SUITE 108
City-State-Zip:	NASHVILLE TN 37205

Title	AUTHORIZED MEMBER
Name	ARNOLD, CAM
Address	992 DAVIDSON DRIVE SUITE 108
City-State-Zip:	NASHVILLE TN 37205

Title	AUTHORIZED MEMBER
Name	RUF, KYLE
Address	992 DAVIDSON DRIVE SUITE 108
City-State-Zip:	NASHVILLE TN 37205

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TRACY LOMAX

PRESIDENT

04/06/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date