

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M17000009382

Entity Name: TMS INSURANCE LLC

Current Principal Place of Business:

3138 E. ELWOOD STREET
SUITE 150
PHOENIX, AZ 85286

Current Mailing Address:

3138 E. ELWOOD STREET
ATTN. LICENSING
PHOENIX, AZ 85034 US

FEI Number: 45-4196729

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T 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

Authorized Person(s) Detail :

Title INSURANCE OPERATING OFFICER
Name MESAROS, MATTHEW
Address 3138 E. ELWOOD STREET
SUITE 150
City-State-Zip: PHOENIX AZ 85034

Title LICENSING MANAGER, SAFE ACT OFFICER
Name MATHEUS, RANDY
Address 3138 E. ELWOOD STREET
ATTN. LICENSING
City-State-Zip: PHOENIX AZ 85034

Title HOLDING COMPANY
Name TMS HOLDINGS INC.
Address 3138 E. ELWOOD STREET
SUITE 150
City-State-Zip: PHOENIX AZ 85286

Title MEMBER
Name PAPASTAVROU, STAVROS
Address 3138 E. ELWOOD STREET
SUITE 150
City-State-Zip: PHOENIX AZ 85286

Title MEMBER
Name VAFAI, ALI
Address 3138 E. ELWOOD STREET
SUITE 150
City-State-Zip: PHOENIX AZ 85286

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: RANDY MATHEUS

LICENSING MANAGER,
SAFE ACT OFFICER

01/19/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date