

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M22000011905

Entity Name: INSURICA CA INSURANCE SERVICES, LLC**Current Principal Place of Business:**8500 STOCKDALE HWY STE 200
BAKERSFIELD, CA 93311**Current Mailing Address:**8500 STOCKDALE HWY STE 200
BAKERSFIELD, CA 93311 US**FEI Number:** 74-3015339**Certificate of Status Desired:** Yes**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 MGR
Name ROSS, MICHAEL F
Address 5100 N CLASSEN BLVD STE 300
City-State-Zip: OKLAHOMA CITY OK 76118

Title MGR
Name HESTER, JOHN G
Address 5100 N CLASSEN BLVD STE 300
City-State-Zip: OKLAHOMA CITY OK 76118

Title MGR
Name BRIDGES, MARK S
Address 5100 N CLASSEN BLVD STE 300
City-State-Zip: OKLAHOMA CITY OK 76118

Title MGR
Name YOUNG, EDWARD L
Address 5100 N CLASSEN BLVD STE 300
City-State-Zip: OKLAHOMA CITY OK 76118

Title MGR
Name WALDINGER, KEVIN
Address 5100 N CLASSEN BLVD STE 300
City-State-Zip: OKLAHOMA CITY OK 76118

Title MGR
Name HEYNE, MARK J
Address 5100 N CLASSEN BLVD STE 300
City-State-Zip: OKLAHOMA CITY OK 76118

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: MARK J. HEYNE**VICE PRESIDENT****01/05/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date