

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 844332

Entity Name: AMEX ASSURANCE COMPANY**Current Principal Place of Business:**18850 N 56TH ST
PHOENIX, AZ 85054**Current Mailing Address:**18850 N 56TH ST
PHOENIX, AZ 85054 US**FEI Number:** 36-2760101**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

Officer/Director Detail :

Title DIRECTOR
Name JUNEJA, SHIBLI
Address 18850 N 56TH ST
City-State-Zip: PHOENIX AZ 85054

Title DIRECTOR
Name LOLLI, CHRISTOPHER JOSEPH
Address 18850 N 56TH ST
City-State-Zip: PHOENIX AZ 85054

Title DIRECTOR
Name RAGUCCI, KYLE JASON
Address 18850 N 56TH ST
City-State-Zip: PHOENIX AZ 85054

Title DIRECTOR
Name SCHINDLER, ELIZABETH ANNE
Address 18850 N 56TH ST
City-State-Zip: PHOENIX AZ 85054

Title DIRECTOR
Name TERESA, LORENZO SORIANO DE
Address 18850 N 56TH ST
City-State-Zip: PHOENIX AZ 85054

Title DIRECTOR
Name THOMPSON, JEFFREY RAYMOND
Address 18850 N 56TH ST
City-State-Zip: PHOENIX AZ 85054

Title ASSISTANT SECRETARY
Name ANDERSON, DEREK L.
Address 18850 N 56TH ST
City-State-Zip: PHOENIX AZ 85054

Title ASSISTANT SECRETARY
Name FRECKLETON, SHANTE
Address 18850 N 56TH ST
City-State-Zip: PHOENIX AZ 85054

Continues on page 2

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: PER JOHN NOWAK

ASSISTANT SECRETARY 04/22/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title PRESIDENT
Name RAGUCCI, KYLE JASON
Address 18850 N 56TH ST
City-State-Zip: PHOENIX AZ 85054

Title TREASURER
Name DOUGLAS, KATHARINE BRIDGET
Address 18850 N 56TH ST
City-State-Zip: PHOENIX AZ 85054

Title CHIEF INFORMATION SECURITY OFFICER
Name PALMER, NICOLE
Address 18850 N 56TH ST
City-State-Zip: PHOENIX AZ 85054

Title ASSISTANT SECRETARY
Name NOWAK, PER JOHN
Address 18850 N 56TH ST
City-State-Zip: PHOENIX AZ 85054

Title DIRECTOR
Name BODENSTEINER, TERRY PATRICK
Address 18850 N 56TH ST
City-State-Zip: PHOENIX AZ 85054

Title DIRECTOR
Name DOUGLAS, KATHARINE BRIDGET
Address 18850 N 56TH ST
City-State-Zip: PHOENIX AZ 85054

Title SECRETARY
Name MUSSER, MARK W.
Address 18850 N 56TH ST
City-State-Zip: PHOENIX AZ 85054

Title CONTROLLER
Name BETHKE, MONIKA L.
Address 18850 N 56TH ST
City-State-Zip: PHOENIX AZ 85054

Title ASSISTANT CHIEF INFORMATION SE
CURITY OFFICER
Name ANDERSON, DEREK L.
Address 18850 N 56TH ST
City-State-Zip: PHOENIX AZ 85054

Title CHAIRMAN
Name BODENSTEINER, TERRY PATRICK
Address 18850 N 56TH ST
City-State-Zip: PHOENIX AZ 85054

Title DIRECTOR
Name CARROLL, KIMBERLY GAY
Address 18850 N 56TH ST
City-State-Zip: PHOENIX AZ 85054

Title DIRECTOR
Name GIGLIO, JAIMIE ANN
Address 18850 N 56TH ST
City-State-Zip: PHOENIX AZ 85054