## **2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F00000006238

Entity Name: COSTCO INSURANCE AGENCY, INC.

**Current Principal Place of Business:** 

999 LAKE DRIVE ISSAQUAH, WA 98027

## **Current Mailing Address:**

P.O. BOX 35005 ATTN: LICENSING SEATTLE, WA 98124

FEI Number: 91-1895843 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

FILED Apr 14, 2023

**Secretary of State** 

1594773309CC

## Officer/Director Detail:

Title	PRESIDENT, DIRECTOR	Title	AVP, DIRECTOR
Name	TORREY, SANDRA W	Name	CONLON, JOHN S
Address	999 LAKE DRIVE	Address	999 LAKE DRIVE
City-State-Zip:	ISSAQUAH WA 98027	City-State-Zip:	ISSAQUAH WA 98027

Title ASST. SECRETARY Title TREASURER

NameTSUBOI, GAIL ENameELLIOTT, JEFFREY LAddress999 LAKE DRIVEAddress999 LAKE DRIVECity-State-Zip:ISSAQUAH WA 98027City-State-Zip:ISSAQUAH WA 98027

City-State-Zip: ISSAQUAH WA 98027 City-State-Zip: ISSAQUAH WA 98027

TitleDIRECTORTitleVP, SECRETARYNameSULLIVAN, JOHN CNameGRUENING, PETERAddress999 LAKE DRIVEAddress999 LAKE DR

City-State-Zip: ISSAQUAH WA 98027 City-State-Zip: ISSAQUAH WA 98027

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: GAIL E TSUBOI

Electronic Signature of Signing Officer/Director Detail

ASST SECRETARY

04/14/2023