

2015 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

Officer/Director Detail :

Title PD
Name LATHAM, PAUL W
Address 999 LAKE DRIVE
City-State-Zip: ISSAQUAH WA 98027

Title SAVP
Name TORREY, SANDRA W
Address 999 LAKE DRIVE
City-State-Zip: ISSAQUAH WA 98027

Title AVPD
Name CONLON, JOHN S
Address 999 LAKE DRIVE
City-State-Zip: ISSAQUAH WA 98027

Title ASD
Name OLIN, RICHARD J
Address 999 LAKE DRIVE
City-State-Zip: ISSAQUAH WA 98027

Title AS
Name TSUBOI, GAIL E
Address 999 LAKE DRIVE
City-State-Zip: ISSAQUAH WA 98027

Title VP
Name PADILLA, TOM
Address 999 LAKE DRIVE
City-State-Zip: ISSAQUAH WA 98027

Title AVP
Name FRAGNOLI, DELLANIE
Address 999 LAKE DRIVE
City-State-Zip: ISSAQUAH WA 98027

Title TREASURER
Name KAPLAN, HAROLD E
Address 999 LAKE DRIVE
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

ASSISTANT SECRETARY 01/13/2015

Electronic Signature of Signing Officer/Director Detail

Date