

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005242

Entity Name: LPA INSURANCE AGENCY, INC.**Current Principal Place of Business:**3800 WATT AVENUE
SUITE 147
SACRAMENTO, CA 95821**Current Mailing Address:**3800 WATT AVENUE
SUITE 147
SACRAMENTO, CA 95821 US**FEI Number:** 68-0417308**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PARK DR STE A
TALLAHASSEE, FL 32301 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	VP
Name	FONG, SARAH F
Address	3800 WATT AVENUE SUITE 147
City-State-Zip:	SACRAMENTO CA 95821

Title	PRESIDENT, DIRECTOR
Name	DOWN, DAVID
Address	1251 WATERFRONT PLACE SUITE 510
City-State-Zip:	PITTSBURGH PA 15222

Title	CFO, SECRETARY, TREASURER, DIRECTOR
Name	BANCO, JOSEPH
Address	1251 WATERFRONT PLACE, SUITE 510
City-State-Zip:	PITTSBURGH PA 15222

Title	DIRECTOR
Name	DECK, TOM
Address	1251 WATERFRONT PLACE SUITE 510
City-State-Zip:	PITTSBURGH PA 15222

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: SARAH FONG

VICE PRESIDENT

03/15/2021

Electronic Signature of Signing Officer/Director Detail_____
Date