## 2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# F0500002931

Entity Name: C&F INSURANCE AGENCY, INC.

## **Current Principal Place of Business:**

4400 EASTON CMNS STE 125 C/O CT CORPORATION SYSTEM COLUMBUS, OH 43219

## **Current Mailing Address:**

4400 EASTON CMNS STE 125 C/O CT CORPORATION SYSTEM COLUMBUS, OH 43219 US

## FEI Number: 34-1920152

## 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

## **Officer/Director Detail :**

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Title	PRESIDENT, CEO, CHAIRMAN	Title	EXECUTIVE VICE PRESIDENT
Name	ADEE, MARK J	Name	MCGEDDY, GARY J
Address	305 MADISON AVENUE	Address	5 CHRISTOPHER WAY 3RD FLOOR
City-State-Zip:	MORRISTOWN NJ 07962	City-State-Zip:	EATONTOWN NJ 07724
Title	SECRETARY	Title	ASSISTANT VICE PRESIDENT
Name	MCTIGUE, MICHAEL	Name	WOODS, LAUREN
Address	305 MADISON AVENUE	Address	5 CHRISTOPHER WAY
City-State-Zip:	MORRISTOWN NJ 07962	Address	3RD FLOOR
Title	VP	City-State-Zip:	EATONTOWN NJ 07724
Name	SCAGLIONE, CARMINE	Title	DIRECTOR
Address	305 MADISON AVENUE	Name	MORALES, ALEJANDRO
		Address	305 MADISON AVENUE
City-State-Zip:	MORRISTOWN NJ 07962	City-State-Zip:	MORRISTOWN NJ 07962
Title	DIRECTOR, SENIOR VICE	City-State-Zip.	MORRISTOWN NJ 07962
	PRESIDENT, CFO	Title	ASSISTANT VICE PRESIDENT
Name	PALADINO, ARLEEN	Name	LUNDY, SONJA D
Address	305 MADISON AVE.	Address	2850 LAKE VISTA DRIVE
City-State-Zip:	MORRISTOWN NJ 07962	City-State-Zip:	LEWISVILLE TX 75067

## 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: DAYNA JOSEPH

## SR. LICENSING SPECIALIST

04/03/2024

Date

Electronic Signature of Signing Officer/Director Detail

# FILED Apr 03, 2024 Secretary of State 2785520124CC

Certificate of Status Desired: No

Date

#### **Officer/Director Detail Continued :**

Title	ASSISTANT VICE PRESIDENT	Title	VP
Name	CASKEY, LANCE	Name	BAGLEY, MATTHEW
Address	2850 LAKE VISTA DRIVE	Address	855 WINDING BROOK DRIVE C/O CT CORPORATION SYSTEM
City-State-Zip:	LEWISVILLE TX 75067	City-State-Zip:	GLASTONBURY CT 06248
Title	ASSISTANT VICE PRESIDENT		
Name	GILL. ALLEN D	Title	CORRESPONDING SECRETARY
	- ,	Name	JOSEPH, DAYNA
Address	2850 LAKE VISTA DRIVE SUITE 150	Address	305 MADISON AVENUE
City-State-Zip:	LEWISVILLE TX 75067	City-State-Zip:	MORRISTOWN NJ 07962