

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006915

Entity Name: THE BOON INSURANCE AGENCY, INC.**Current Principal Place of Business:**6300 BRIDGEPOINT PARKWAY
BLDG 3 STE 500
AUSTIN, TX 78730**Current Mailing Address:**6300 BRIDGEPOINT BLDG 3 STE 500
AUSTIN, TX 78730**FEI Number:** 74-2236168**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	BOON, ROBERT S
Address	6300 BRIDGEPOINT PARKWAY BLDG 3 STE 500
City-State-Zip:	AUSTIN TX 78730

Title	SEC
Name	GOODALE, KRISTIN K
Address	6300 BRIDGEPOINT PKWY BLDG 3 STE 500
City-State-Zip:	AUSTIN TX 78730

Title	CHIEF STRATEGY OFFICER
Name	BOON, TAYLOR ALLEN
Address	6300 BRIDGEPOINT PKWY BLDG 3, SUITE 500
City-State-Zip:	AUSTIN TX 78730

Title	CFO
Name	SULLIVAN, KATHLEEN
Address	6300 BRIDGEPOINT PKWY BLDG 3 STE 500
City-State-Zip:	AUSIN TX 78730

Title	CHIEF CLIENT INITIATIVES OFFICER
Name	HAGAN, PATRICK
Address	6300 BRIDGEPOINT PKWY BLDG 3, STE 500
City-State-Zip:	AUSTIN TX 78730

Title	EXCUTIVE VP
Name	HAGAN, PATRICK
Address	6300 BRIDGEPOINT PARKWAY BLDG 3 SUITE 500
City-State-Zip:	AUSTIN TX 78730

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: ROBERT STERLING BOON**DIRECTOR****02/06/2019**

Electronic Signature of Signing Officer/Director Detail

Date