

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000871

Entity Name: JH INSURANCE SERVICES, INC.**Current Principal Place of Business:**11800 AMBERPARK DRIVE SUITE 100
ALPHARETTA, GA 30009**Current Mailing Address:**11800 AMBERPARK DRIVE SUITE 100
ALPHARETTA, GA 30009 US**FEI Number:** 32-0171927**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 SECY
Name COWARD, RUSSELL
Address 7 BISHOPSGATE
City-State-Zip: LONDON EC2N 3AR

Title DIRECTOR, CEO
Name GREGGAINS, NICHOLAS
Address 11800 AMBERPARK DRIVE SUITE 100
City-State-Zip: ALPHARETTA GA 30009

Title DIRECTOR, PRESIDENT
Name MCMELLIN, ANDREW
Address 7 BISHOPSGATE
City-State-Zip: LONDON EC2N 3AR

Title DIRECTOR
Name SPRINGMAN, PAUL
Address 11800 AMBERPARK DRIVE SUITE 100
City-State-Zip: ALPHARETTA GA 30009

Title DIRECTOR
Name RAYNER, GRAEME
Address 7 BISHOPSGATE
City-State-Zip: LONDON UK EC2N 3AR

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: NICHOLAS GREGGAINS

CEO

04/30/2020

Electronic Signature of Signing Officer/Director Detail_____
Date