

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003800

FILED
Mar 17, 2015
Secretary of State
CC6652987619

Entity Name: KNIGHTBROOK INSURANCE COMPANY

Current Principal Place of Business:

1807 NORTH MARKET STREET
BRANDYWINE VILLAGE
WILMINGTON, DE 19802-4810

Current Mailing Address:

927 WEST MAIN STREET
VALLEY VIEW, PA 17983

FEI Number: 51-0098159

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DR., SUITE 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 SD
Name TURNER, JASON D
Address 927 WEST MAIN STREET
City-State-Zip: VALLEY VIEW PA 17983

Title D
Name HANKEY, DON R
Address 927 WEST MAIN STREET
City-State-Zip: VALLEY VIEW PA 17983

Title PD
Name JARVIS, ERIC D
Address 927 WEST MAIN STREET
City-State-Zip: VALLEY VIEW PA 17983

Title V
Name KEIGHTLY, IRV
Address 927 WEST MAIN STREET
City-State-Zip: VALLEY VIEW PA 17983

Title TCFO
Name DILLON, RICHARD A
Address 927 WEST MAIN STREET
City-State-Zip: VALLEY VIEW PA 17983

Title D
Name LOPATIN, WILLIAM B
Address 927 MAIN STREET
City-State-Zip: VALLEY VIEW PA 17983

Title D.
Name SHERMAN, MATT L
Address 927 WEST MAIN STREET
City-State-Zip: VALLEY VIEW PA 17983

Title D.
Name HILL, GREG A
Address 927 WEST MAIN STREET
City-State-Zip: VALLEY VIEW PA 17983

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: RICHARD DILLON

CFO AND TREASURER

03/17/2015

Electronic Signature of Signing Officer/Director Detail

Date