## 2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003800

**Entity Name: KNIGHTBROOK INSURANCE COMPANY** 

**Current Principal Place of Business:** 

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

**FILED** Apr 03, 2019 **Secretary of State** 1969291354CC

## **Current Mailing Address:**

4751 WILSHIRE BLVD **STE 111** 

LOS ANGELES, CA 90010 US

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 CHAIRMAN, DIRECTOR, CEO Title PRESIDENT, DIRECTOR

HANKEY, DON R Name Name SHAH, AMIT B

Address 4751 WILSHIRE BLVD Address 4751 WILSHIRE BLVD **STE 111** 

STE 111

LOS ANGELES CA 90010 LOS ANGELES CA 90010 City-State-Zip: City-State-Zip:

Title ASST. SECRETARY, DIRECTOR Title SECRETARY, DIRECTOR

HANKEY, BRET C RYGH, JOHN M Name Name

4751 WILSHIRE BLVD 4751 WILSHIRE BLVD Address Address

**STE 111 STE 111** 

LOS ANGELES CA 90010 LOS ANGELES CA 90010 City-State-Zip: City-State-Zip:

Title **DIRECTOR** 

SLAMET, GRACIA Name 4751 WILSHIRE BLVD Address

**STE 111** 

LOS ANGELES CA 90010 City-State-Zip:

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.

04/03/2019 **PRESIDENT** SIGNATURE: AMIT SHAH