

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000004602

**FILED**  
**Apr 07, 2018**  
**Secretary of State**  
**CC6032030512**

**Entity Name:** YOUZOOM INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

6900 COLLEGE BLVD.  
SUITE 900-1000  
OVERLAND PARK, KS 66211

**Current Mailing Address:**

220 S. RIDGEWOOD AVE.  
DAYTONA BEACH, FL 32114 US

**FEI Number: 80-0570860**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
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           PRESIDENT  
Name           JOHNSON, ADAM  
Address       6900 COLLEGE BLVD.  
                  SUITE 900-1000  
City-State-Zip: OVERLAND PARK KS 66211

Title           VP  
Name           BOYKIN, JANICE  
Address       701 B STREET, SUITE 2100  
City-State-Zip: SAN DIEGO CA 92101

Title           VP  
Name           LANNI, JAMES  
Address       220 S. RIDGEWOOD AVENUE  
City-State-Zip: DAYTONA BEACH FL 32114

Title           VP  
Name           STAHL, LISA  
Address       701 B STREET, SUITE 2100  
City-State-Zip: SAN DIEGO CA 92101

Title           VP  
Name           WATTS, ANDREW  
Address       220 S. RIDGEWOOD AVE.  
City-State-Zip: DAYTONA BEACH FL 32114

Title           VICE PRESIDENT/SECRETARY  
Name           LLOYD, ROBERT W.  
Address       220 S. RIDGEWOOD AVENUE  
City-State-Zip: DAYTONA BEACH FL 32114

Title           VICE PRESIDENT/TREASURER  
Name           GORLICK, STEVEN  
Address       701B STREET  
City-State-Zip: SAN DIEGO CA 92101

Title           VP  
Name           ROBINSON, ANTHONY  
Address       220 S. RIDGEWOOD AVENUE  
City-State-Zip: DAYTONA BEACH FL 32114

**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: ANTHONY ROBINSON**

**VICE PRESIDENT**

**04/07/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title ASSISTANT SECRETARY  
Name ROBINSON, ANTHONY  
Address 220 S. RIDGEWOOD AVE.  
City-State-Zip: DAYTONA BEACH FL 32114

Title CHIEF EXECUTIVE  
OFFICER/DIRECTOR  
Name WALKER, CHRIS L.  
Address 701 B STREET, SUITE 2100  
City-State-Zip: SAN DIEGO CA 92101