

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000004602

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

Title            VICE PRESIDENT & SECRETARY  
Name            LLOYD, ROBERT W.  
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

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

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

Title            VICE PRESIDENT & TREASURER  
Name            GORLICK, STEVEN  
Address        220 S. RIDGEWOOD AVE.  
City-State-Zip: DAYTONA BEACH FL 32114

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*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 M. ROBINSON**ASSISTANT SECRETARY** 03/21/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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