

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000004833

**Entity Name:** CITI ASSURANCE SERVICES, INC.**Current Principal Place of Business:**3001 MEACHAM BLVD.  
SUITE 100  
FORT WORTH, TX 76137**Current Mailing Address:**3001 MEACHAM BLVD.  
SUITE 100  
FORT WORTH, TX 76137**FEI Number: 52-0255715****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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 PD  
Name CARSON, DAVA S  
Address 3001 MEACHAM BLVD. #100  
City-State-Zip: FORT WORTH TX 76137

Title SVP  
Name KOPPEN, MICHAEL F  
Address 3001 MEACHAM BLVD. #100  
City-State-Zip: FORT WORTH TX 76137

Title DSVP  
Name MCCORMICK, CAROLYN S  
Address 3001 MEACHAM BLVD. #100  
City-State-Zip: FORT WORTH TX 76137

Title DSVP  
Name SHARPE, MICHAEL B  
Address 3001 MEACHAM BLVD. #100  
City-State-Zip: FORT WORTH TX 76137

Title DSSV  
Name LEHMAN, GREGG H  
Address 3001 MEACHAM BLVD. #100  
City-State-Zip: FORT WORTH TX 76137

Title T  
Name LARKIN, PAULA D  
Address 3001 MEACHAM BLVD. #100  
City-State-Zip: FORT WORTH TX 76137

*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: GREGG H. LEHMAN****SECRETARY****01/30/2014**

Electronic Signature of Signing Officer/Director Detail

Date