

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000005096

**Entity Name:** RELATION INSURANCE SERVICES OF CALIFORNIA, INC.

**FILED**  
**Apr 18, 2019**  
**Secretary of State**  
**7787267977CC**

**Current Principal Place of Business:**

1277 TREAT BLVD.  
STE 400  
WALNUT CREEK, CA 94597

**Current Mailing Address:**

1277 TREAT BLVD. SUITE 400  
WALNUT CREEK, CA 94597 US

**FEI Number: 26-4823657**

**Certificate of Status Desired: No**

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

3H AGENT SERVICES, INC.  
1415 PANTHER LN STE 327  
NAPLES, FL 34109 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, CFO, COO AND  
SECRETARY

Name            PAGE , EDWARD NATHAN

Address        1277 TREAT BLVD.  
SUITE 400

City-State-Zip: WALNUT CREEK CA 94597

Title            VP

Name            MARTIN, STEPHEN D.

Address        1277 TREAT BLVD. SUITE 400

City-State-Zip: WALNUT CREEK CA 94597

Title            CEO, EVP, TREASURER, DIRECTOR  
AND ASSISTANT SECRETARY

Name            TATUM, JOSEPH L JR.

Address        1277 TREAT BLVD.  
STE. 400

City-State-Zip: WALNUT CREEK CA 94597

Title            VP

Name            VARNI, KERI A.

Address        1277 TREAT BLVD. SUITE 400

City-State-Zip: WALNUT CREEK CA 94597

*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: EDWARD NATHAN PAGE**

**PRESIDENT**

**04/18/2019**

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

\_\_\_\_\_  
Date