

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000002886

**Entity Name:** ALL STAR GENERAL INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

7711 CENTER AVENUE  
SUITE 200  
HUNTINGTON BEACH , CA 92647

**Current Mailing Address:**

7711 CENTER AVENUE  
SUITE 200  
HUNTINGTON BEACH , CA 92647 US

**FEI Number:** 45-2463326

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 EXECUTIVE VICE PRESIDENT,  
SECRETARY, GENERAL COUNSEL  
Name NEWMAN , CAROL R.  
Address 7711 CENTER AVENUE  
SUITE 200  
City-State-Zip: HUNTINGTON BEACH CA 92647

Title DIRECTOR, CHIEF FINANCIAL  
OFFICER, EXECUTIVE VICE  
PRESIDENT  
Name KAPLAN, MICHAEL  
Address 7711 CENTER AVENUE  
SUITE 200  
City-State-Zip: HUNTINGTON BEACH CA 92647

Title DIRECTOR, CHAIRMAN, CHIEF  
EXECUTIVE OFFICER  
Name SORIANO, CESAR  
Address 7711 CENTER AVENUE  
SUITE 200  
City-State-Zip: HUNTINGTON BEACH CA 92647

Title PRESIDENT  
Name SHROUT, ANDREW  
Address 7711 CENTER AVENUE  
SUITE 200  
City-State-Zip: HUNTINGTON BEACH CA 92647

*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:** CAROL R. NEWMAN

**SECRETARY**

**01/31/2020**

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

\_\_\_\_\_  
Date