

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000003150

**Entity Name:** JJINS INSURANCE SERVICES, INC

**Current Principal Place of Business:**

200 WINGO WAY, SUITE 200  
MT PLEASANT, SC 29464

**Current Mailing Address:**

PO BOX 899  
CHARLESTON, SC 29402 US

**FEI Number:** 57-0189850

**Certificate of Status Desired:** No

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

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DRIVE SUITE A  
TALLAHASSEE, FL 32301 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 DIRECTOR, CEO  
Name JOHNSON, FRANCIS G  
Address 200 WINGO WAY SUITE 200  
City-State-Zip: MT. PLEASANT SC 29484

Title PRESIDENT, COO, DIRECTOR  
Name JOHNSON, HARRY L. II  
Address 200 WINGO WAY, SUITE 200  
City-State-Zip: MT. PLEASANT SC 29464

Title CMO, DIRECTOR  
Name BURROUS, PETER  
Address 200 WINGO WAY, SUITE 200  
City-State-Zip: MT PLEASANT SC 29464

Title TREASURER, DIRECTOR,  
SECRETARY  
Name JOHNSON, FRANCIS G JR  
Address 200 WINGO WAY, SUITE 200  
City-State-Zip: MT. PLEASANT SC 29464

Title CFO, DIRECTOR  
Name CRAIG, STEVEN E  
Address 200 WINGO WAY, SUITE 200  
City-State-Zip: MT PLEASANT SC 29464

*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:** FRANCIS G. JOHNSON JR.

**TREASURER,  
SECRETARY, DIRECTOR**

**04/04/2022**

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

\_\_\_\_\_  
Date