

2023 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**

03/07/2023

Electronic Signature of Signing Officer/Director Detail

Date