

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000000148

Entity Name: MATIC INSURANCE SERVICES INC.**Current Principal Place of Business:**585 S FRONT STREET
SUITE 300
COLUMBUS, OH 43215**Current Mailing Address:**585 S FRONT STREET
SUITE 300
COLUMBUS, OH 43215 US**FEI Number:** 46-5512991**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INCorp SERVICES, INC.
17888 67TH CT N
LOXAHATCHEE, FL 33470 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	CEO
Name	MADICK, BENJAMIN
Address	585 S FRONT STREET SUITE 300
City-State-Zip:	COLUMBUS OH 43215

Title	TREASURER
Name	RHODES, STUART
Address	585 S FRONT STREET SUITE 300
City-State-Zip:	COLUMBUS OH 43215

Title	DIRECTOR
Name	SCHIFF, AARON
Address	585 S FRONT STREET SUITE 300
City-State-Zip:	COLUMBUS OH 43215

Title	DIRECTOR
Name	NAUIOKAS, AMY
Address	585 S FRONT STREET SUITE 300
City-State-Zip:	COLUMBUS OH 43215

Title	DIRECTOR
Name	LERNER, ANDY
Address	585 S FRONT STREET SUITE 300
City-State-Zip:	COLUMBUS OH 43215

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: STUART RHODES

TREASURER

01/13/2021

Electronic Signature of Signing Officer/Director Detail

Date