

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

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FILED
May 02, 2017
Secretary of State
CC1700236717

Entity Name: ALLIED PROFESSIONALS' INSURANCE SERVICES INC.

Current Principal Place of Business:

1100 W. TOWN & COUNTRY ROAD, SUITE 1400
ORANGE, CA 92868

Current Mailing Address:

1100 W. TOWN & COUNTRY ROAD, SUITE 1400
ORANGE, CA 92868 US

FEI Number: 73-1648672

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC.
3030 N. ROCKY POINT DRIVE, SUITE 150A
TAMPA, FL 33607 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 P
Name STUMP, PHILIP
Address 1100 W. TOWN & COUNTRY ROAD,
SUITE 1400
City-State-Zip: ORANGE CA 92868

Title VPS
Name SCHROEDER, MICHAEL
Address 1100 W. TOWN & COUNTRY ROAD,
SUITE 1400
City-State-Zip: ORANGE CA 92868

Title CFO
Name HAUSER, DOUGLAS
Address 1100 W. TOWN & COUNTRY ROAD,
SUITE 1400
City-State-Zip: ORANGE CA 92868

Title DIRECTOR OF MARKETING
Name ALLEN, MARILYN
Address 1100 W. TOWN & COUNTRY ROAD,
SUITE 1400
City-State-Zip: ORANGE CA 92868

Title DIRECTOR OF OPERATIONS
Name HOFMAN, STUART DR
Address 8501 E. PRINCESS DRIVE
SUITE 130
City-State-Zip: SCOTTSDALE AZ 85255

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: PHILIP STUMP

PRESIDENT

05/02/2017

Electronic Signature of Signing Officer/Director Detail

Date