## **2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000003015

**Entity Name: BONDSMAN INSURANCE COMPANY** 

**Current Principal Place of Business:** 

350 10TH AVENUE, SUITE 1450 SAN DIEGO. CA 92101

## **Current Mailing Address:**

350 10TH AVENUE, SUITE 1450 SAN DIEGO, CA 92101 US

FEI Number: 23-1620930 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER 200 E. GAINES ST. P. O. BOX 6200 (32314-6200) TALLAHASSEE, FL 32399-0000 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

FILED Mar 15, 2021

**Secretary of State** 

6836121409CC

## Officer/Director Detail:

Title C Title D

Name LIPPINCOTT, GRANT Name LIPPINCOTT, KEVIN

Address 350 10TH AVENUE, SUITE 1450 Address 350 10TH AVENUE, SUITE 1450

City-State-Zip: SAN DIEGO CA 92101 City-State-Zip: SAN DIEGO CA 92101

Title VC Title P

Name ELDRED, RODNEY Name SWEENEY, KIERAN A

Address 350 10TH AVENUE, SUITE 1450 Address 350 10TH AVENUE, SUITE 1450

City-State-Zip: SAN DIEGO CA 92101 City-State-Zip: SAN DIEGO CA 92101

Title S/T Title DIRECTOR

Name ROCCOFORTE, MICHELLE Name ZEKAVAT, KENNETH HAMID

Address 350 10TH AVENUE, SUITE 1450 Address 350 10TH AVENUE

SUITE 1450

City-State-Zip: SAN DIEGO CA 92101 City-State-Zip: SAN DIEGO CA 92101

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: MICHELLE ROCCOFORTE

**CFO** 

03/15/2021