

2024 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

Officer/Director Detail :

Title C
Name LIPPINCOTT, GRANT
Address 350 10TH AVENUE, SUITE 1450
City-State-Zip: SAN DIEGO CA 92101

Title D
Name LIPPINCOTT, KEVIN
Address 350 10TH AVENUE, SUITE 1450
City-State-Zip: SAN DIEGO CA 92101

Title VC
Name ELDRD, RODNEY
Address 350 10TH AVENUE, SUITE 1450
City-State-Zip: SAN DIEGO CA 92101

Title P
Name SWEENEY, KIERAN A
Address 350 10TH AVENUE, SUITE 1450
City-State-Zip: SAN DIEGO CA 92101

Title S/T
Name ROCCOFORTE, MICHELLE
Address 350 10TH AVENUE, SUITE 1450
City-State-Zip: SAN DIEGO CA 92101

Title DIRECTOR
Name ZEKAVAT, KENNETH HAMID
Address 350 10TH AVENUE
SUITE 1450
City-State-Zip: SAN DIEGO CA 92101

Title DIRECTOR
Name PETER, LOCOCO CHRISTOPHER
Address 350 10TH AVENUE, SUITE 1450
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

SECRETARY/TREASURER 02/24/2024

Electronic Signature of Signing Officer/Director Detail

Date