

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000004538

Entity Name: RETHOUGHT INSURANCE CORPORATION**Current Principal Place of Business:**11001 WEST 120TH AVE.
BROOMFIELD, CO 80021-3493**Current Mailing Address:**11001 WEST 120TH AVE.
BROOMFIELD, CO 80021-3493 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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
Name RICE, JAMES
Address 11001 WEST 120TH AVE.
City-State-Zip: BROOMFIELD CO 80021-3493

Title CHAIRMAN OF THE BOARD
Name ISAACSON, CORY
Address 11001 WEST 120TH AVE.
City-State-Zip: BROOMFIELD CO 80021-3493

Title SECRETARY
Name LAMPARELLI, NICHOLAS
Address 11001 WEST 120TH AVE.
City-State-Zip: BROOMFIELD CO 80021-3493

Title TREASURER/COO
Name RICE, JAMES
Address 11001 WEST 120TH AVE.
City-State-Zip: BROOMFIELD CO 80021-3493

Title PRESIDENT/CEO
Name ISAACSON, CORY
Address 11001 WEST 120TH AVE.
City-State-Zip: BROOMFIELD CO 80021-3493

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: CORY ISAACSON

PRESIDENT/CEO

05/28/2020

Electronic Signature of Signing Officer/Director Detail_____
Date