

**2019 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:** 82-1376329

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

Title DIRECTOR, TREASURER  
Name RICE, JAMES  
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

*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:** NICHOLAS LAMPARELLI

**SECRETARY**

**03/25/2019**

Electronic Signature of Signing Officer/Director Detail

Date