2023 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		Title	CHAIRMAN OF THE BOARD
Name	ZUK, JOE		Name	ISAACSON, CORY
Address	11001 WEST 120TH AVE.		Address	11001 WEST 120TH AVE.
City-State-Zip:	BROOMFIELD CO 80021-3493		City-State-Zip:	BROOMFIELD CO 80021-3493
Title	SECRETARY		Title	PRESIDENT/CEO
Name	ISAACSON, CORY		Name	ISAACSON, CORY
Address	11001 WEST 120TH AVE.		Address	11001 WEST 120TH AVE.
City-State-Zip:	BROOMFIELD CO 80021-3493		City-State-Zip:	BROOMFIELD CO 80021-3493
Title	CFO		Title	DIRECTOR
Name	ISAACSON, CORY		Name	BARTRAM, MARCUS
Address	11001 WEST 120TH AVE.		Address	11001 WEST 120TH AVE.
City-State-Zip:	BROOMFIELD CO 80021-3493		City-State-Zip:	BROOMFIELD CO 80021-3493
Title	DIRECTOR			
Name	SAGON, ANDREW			
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: ISAACSON, CORY   CEO   02/23/2023

Electronic Signature of Signing Officer/Director Detail   Date