

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000004631

**Entity Name:** BLUEFIRE INSURANCE SERVICES, INC.**Current Principal Place of Business:**7711 CENTER AVENUE  
SUITE 200  
HUNTINGTON BEACH, CA 92647**Current Mailing Address:**7711 CENTER AVENUE  
SUITE 200  
HUNTINGTON BEACH, CA 92647 US**FEI Number:** 81-4412943**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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, EXECUTIVE VICE<br>PRESIDENT, CHIEF FINANCIAL<br>OFFICER |
| Name            | KAPLAN, MICHAEL   |
| Address         | 7711 CENTER AVENUE<br>SUITE 200                                   |
| City-State-Zip: | HUNTINGTON BEACH CA 92647   |

|                 |  |
|-----------------|--|
| Title           | DIRECTOR, CHAIRMAN, CHIEF<br>EXECUTIVE OFFICER |
| Name            | SORIANO, CESAR                                 |
| Address         | 7711 CENTER AVENUE<br>SUITE 200                |
| City-State-Zip: | HUNTINGTON BEACH CA 92647                      |

|                 |  |
|-----------------|--|
| Title           | EXECUTIVE VICE PRESIDENT,<br>SECRETARY |
| Name            | NEWMAN, CAROL R.                       |
| Address         | 7711 CENTER AVENUE<br>SUITE 200        |
| City-State-Zip: | HUNTINGTON BEACH CA 92647              |

|                 |                                 |
|-----------------|---------------------------------|
| Title           | DIRECTOR, PRESIDENT             |
| Name            | SHROUT, ANDREW                  |
| Address         | 7711 CENTER AVENUE<br>SUITE 200 |
| City-State-Zip: | HUNTINGTON BEACH CA 92647       |

*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:** CAROL R. NEWMAN**SECRETARY****04/03/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date