

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F18000002698

Entity Name: HOMEPORT INSURANCE SERVICES, INC.**Current Principal Place of Business:**1131 SW KCLICKITAT WAY
SEATTLE, WA 98134**Current Mailing Address:**1131 SW KCLICKITAT WAY
C/O CANDICE M. WOODS
SEATTLE, WA 98134-1108 US**FEI Number:** 91-1577387**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	DP
Name	SCHERTING, THOMAS W
Address	1131 SW KCLICKITAT WAY
City-State-Zip:	SEATTLE WA 98134

Title	VP
Name	HENSLEE, STAN S
Address	414 OLD HARD RD, STE 100
City-State-Zip:	FLEMING ISLAND FL 32003

Title	S
Name	WOODS, CANDICE M
Address	1131 SW KCLICKITAT WAY
City-State-Zip:	SEATTLE WA 98134

Title	T, CONTROLLER
Name	DOUTHIT, CLINT
Address	1131 SW KCLICKITAT WAY
City-State-Zip:	SEATTLE WA 98134

Title	VP
Name	WALKER, ANTHONY
Address	1579 MIDDLE HARBOR ROAD
City-State-Zip:	OAKLAND CA 94607

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: CLINT DOUTHIT**TREASURER &
CONTROLLER****02/06/2023**

Electronic Signature of Signing Officer/Director Detail

Date