

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F18000005175

Entity Name: CERITY SERVICES, INC.

Current Principal Place of Business:

C/O GENERAL COUNSEL'S OFFICE
10375 PROFESSIONAL CIRCLE
RENO, NV 89521

FILED
Apr 09, 2019
Secretary of State
0562228313CC

Current Mailing Address:

CERITY
P.O BOX 1389
AUSTIN , TX 78767 US

FEI Number: 83-0667758

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	PD
Name	BERG, TRACEY L
Address	10375 PROFESSIONAL CIR
City-State-Zip:	RENO NV 89521
Title	SD
Name	BROWN, LORI A
Address	10375 PROFESSIONAL CIRCLE
City-State-Zip:	RENO NV 89521
Title	CEOD
Name	DIRKS, DOUGLAS D
Address	10375 PROFESSIONAL CIR
City-State-Zip:	RENO NV 89521
Title	SVP, CHIEF CLAIMS OFFICER
Name	VOGT , BARRY
Address	10375 PROFESSIONAL CIRCLE
City-State-Zip:	RENO NV 89521

Title	TD
Name	PAQUETTE, MICHAEL S
Address	10375 PROFESSIONAL CIR
City-State-Zip:	RENO NV 89521
Title	CD
Name	RUMBOLZ, MICHAEL D
Address	10375 PROFESSIONAL CIR
City-State-Zip:	RENO NV 89521
Title	COO
Name	DIX , DENNIS
Address	10375 PROFESSIONAL CIRCLE
City-State-Zip:	RENO NV 89521
Title	VP, GOVERNMENT AND REGULATORY AFFAIRS
Name	WERBECKES , JAMES
Address	10375 PROFESSIONAL CIRCLE
City-State-Zip:	RENO NV 89521

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: TRACEY BERG

PD

04/09/2019

Electronic Signature of Signing Officer/Director Detail

_____ Date