

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F19000001173

**Entity Name:** CIMARRON INSURANCE COMPANY, INC.

**FILED**  
**Apr 12, 2021**  
**Secretary of State**  
**1018168387CC**

**Current Principal Place of Business:**

7301 CARMEL EXECUTIVE PARK SR.  
STE. 102  
CHARLOTTE, NC 28226

**Current Mailing Address:**

7301 CARMEL EXECUTIVE PARK DR.  
STE. 102  
CHARLOTTE, NC 28226 US

**FEI Number: 48-0516614**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK INC.  
801 US HWY 1  
NORTH PALM BEACH, FL 33408 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 C,D  
Name ROSCHMAN, JEFFREY SCOTT  
Address 6300 NE 1ST AVE, #300  
City-State-Zip: FT LAUDERDALE FL 33334

Title CEO,P,D  
Name HINDERBURG HALTER, PAUL VON III  
Address 4312 STOURTON LANE  
City-State-Zip: CHARLOTTE NC 28226

Title CFO,D  
Name LANCEY, KEVIN FRANK  
Address 6300 NE 1ST AVE, #300  
City-State-Zip: FT LAUDERDALE FL 33334

Title S, GC,D  
Name RISTAINO, EDWARD LOUIS  
Address 350 E LAS OLAS BLVD  
STE 1600  
City-State-Zip: FT LAUDERDALE FL 33301

Title COO  
Name ERMANTINGER, TIMOTHY JOHN  
Address 11121 CARMEL COMMONS BLVD  
STE 375  
City-State-Zip: CHARLOTTE NC 28226

Title CIO  
Name O'CONNER, TIMOTHY  
Address 6300 NE 1ST AVE  
#300  
City-State-Zip: FT LAUDERDALE FL 33334

Title D  
Name TCHIVIDJIAN, STEPHAN NELSON  
Address 2770 NE 8 ST  
City-State-Zip: PONPANO FL 33062

Title D  
Name SANTOM, ROBERT HARVEY  
Address 15339 TWIN BEECH PKWY  
City-State-Zip: PORT ST LUCIE FL 34987

*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: PAUL VON HINDERBURG HALTER, III**

**PRESIDENT**

**04/12/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date