

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F19000004028

**Entity Name:** TIBURON INSURANCE SERVICES, INC.

**FILED**  
**Apr 23, 2020**  
**Secretary of State**  
**8956661727CC**

**Current Principal Place of Business:**

6800 W. 115TH STREET  
SUITE:2511  
OVERLAND PARK, KS 66211-2205

**Current Mailing Address:**

6800 W. 115TH STREET  
SUITE:2511  
OVERLAND PARK, KS 66211-2205 US

**FEI Number: 11-3788055**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYES STREET  
TALLAHASSEE, FL 32301 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 CD  
Name SINGH, CHARAN  
Address 6800 W. 115TH STREET, SUITE:2511  
City-State-Zip: OVERLAND PARK KS 66211

Title PCEO  
Name DANKER, TIMOTHY  
Address 6800 W. 115TH STREET, SUITE:2511  
City-State-Zip: OVERLAND PARK KS 66211-2205

Title VP,SR VICE PRESIDENT  
Name GRANT, ROBERT  
Address 6800 W. 115TH STREET, SUITE:2511  
City-State-Zip: OVERLAND PARK KS 66211-2205

Title ST,CFO  
Name SADUN, RAFFAELE  
Address 6800 W. 115TH STREET, SUITE:2511  
City-State-Zip: OVERLAND PARK KS 66211-2205

Title AS  
Name TENNIS, STEPHEN M  
Address 6800 W. 115TH STREET, SUITE:2511  
City-State-Zip: OVERLAND PARK KS 66211-2205

Title D  
Name HAWKS, DONALD L III  
Address 6800 W. 115TH STREET, SUITE:2511  
City-State-Zip: OVERLAND PARK KS 66211-2205

Title SECRETARY  
Name BOULWARE, DANIEL  
Address 6800 W. 115TH STREET  
SUITE:2511  
City-State-Zip: OVERLAND PARK KS 66211-2205

*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: DANIEL BOULWARE**

**SECRETARY**

**04/23/2020**

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

\_\_\_\_\_  
Date