

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F20000002088

Entity Name: SEEK INSURANCE SERVICES, INC.**Current Principal Place of Business:**907 SHADY DRIVE SE
VIENNA, VA 22180**Current Mailing Address:**907 SHADY DRIVE SE
VIENNA, VA 22180 US**FEI Number:** 84-4934476**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 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 | CEO, PRESIDENT |
| Name | PRIEST, BRADY |
| Address | 907 SHADY DRIVE SE |
| City-State-Zip: | VIENNA VA 22180 |

| | |
|-----------------|--------------------|
| Title | TREASURER/CFO |
| Name | NELSON, KEN |
| Address | 907 SHADY DRIVE SE |
| City-State-Zip: | VIENNA VA 22180 |

| | |
|-----------------|--------------------|
| Title | SECRETARY |
| Name | NORTON, JEFF |
| Address | 907 SHADY DRIVE SE |
| City-State-Zip: | VIENNA VA 22180 |

| | |
|-----------------|--------------------|
| Title | DIRECTOR, VP |
| Name | WATSON, CHRIS |
| Address | 907 SHADY DRIVE SE |
| City-State-Zip: | VIENNA VA 22180 |

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: CHRIS WATSON

VICE PRESIDENT

03/28/2022

Electronic Signature of Signing Officer/Director Detail_____
Date