

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000005250

Entity Name: LUXURY MORTGAGE CORP.**Current Principal Place of Business:**FOUR LANDMARK SQ.
SUITE 300
STAMFORD, CT 06901**Current Mailing Address:**FOUR LANDMARK SQ.
SUITE 300
STAMFORD, CT 06901 US**FEI Number: 06-1461914****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENTS INC.
7901 4TH STREET NORTH
SUITE 300
ST.PETERSBURG, FL 33702 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 PRESIDENT
Name ADAMO, DAVID
Address FOUR LANDMARK SQ.
 SUITE 300
City-State-Zip: STAMFORD CT 06901Title TREASURER
Name ADAMO, DAVID
Address FOUR LANDMARK SQ.
 SUITE 300
City-State-Zip: STAMFORD CT 06901Title CHAIRMAN OF THE BOARD
Name BARNES, MICHAEL
Address TIPTREE OPERATING COMPANY, LLC
 780 THIRD AVE. 21ST FLOOR
City-State-Zip: NEW YORK NY 10017Title DIRECTOR
Name GROSSER, ROBERT
Address FOUR LANDMARK SQ.
 SUITE 300
City-State-Zip: STAMFORD CT 06901Title DIRECTOR
Name ADAMO, DAVID
Address FOUR LANDMARK SQ.
 SUITE 300
City-State-Zip: STAMFORD CT 06901Title SECRETARY
Name ADAMO, DAVID
Address FOUR LANDMARK SQ.
 SUITE 300
City-State-Zip: STAMFORD CT 06901

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: DAVID ADAMO**PRESIDENT****03/27/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date