

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L43055

**Entity Name:** RELATION INSURANCE SERVICES OF FLORIDA, INC.**Current Principal Place of Business:**700 CENTRAL PARKWAY  
STUART, FL 34994**Current Mailing Address:**1277 TREAT BLVD. SUITE 400  
WALNUT CREEK, CA 94597 US**FEI Number:** 59-2989676**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**3H AGENT SERVICES, INC.  
2114 NW 40TH TERRACE, SUITE D2  
GAINESVILLE, FL 32605 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 VP  
Name VARNI, KERI A.  
Address 1277 TREAT BLVD. SUITE 400  
City-State-Zip: WALNUT CREEK CA 94597

Title DIRECTOR, CEO, EXECUTIVE VP,  
TREASURER, ASSISTANT  
SECRETARY  
Name HALL, TIMOTHY J  
Address 9225 INDIAN CREEK PARKWAY  
SUITE 700  
City-State-Zip: OVERLAND PARK KS 66210

Title PRESIDENT, SECRETARY  
Name BROWN, RUSSELL D  
Address 10425 S 82ND EAST AVE  
SUITE 110  
City-State-Zip: TULSA OK 74133

Title VICE PRESIDENT  
Name COOPER, JONATHAN W  
Address 9225 INDIAN CREEK PARKWAY  
SUITE 700  
City-State-Zip: OVERLAND PARK KS 66210

Title VICE PRESIDENT  
Name MERRILL, GREGORY  
Address 9225 INDIAN CREEK PARKWAY  
SUITE 700  
City-State-Zip: OVERLAND PARK KS 66210

Title CFO  
Name HARTMANN, CHARISSA  
Address 300 COLONIAL CENTER PARKWAY  
SUITE 130  
City-State-Zip: LAKE MARY FL 32746

*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:** TIMOTHY J. HALL

CEO

04/26/2024

Electronic Signature of Signing Officer/Director Detail

Date