

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L62500

Entity Name: PARKS INSURANCE CORPORATION

Current Principal Place of Business:

901 SW 60TH AVE
OCALA, FL 34474

Current Mailing Address:

PO BOX 770788
OCALA, FL 34477 US

FEI Number: 59-3003963

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

3H AGENT SERVICES
901 SW 60TH AVENUE
OCALA, FL 34474 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: GARY T HARKER

04/26/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT AND DIRECTOR
Name KUNNEY, MARC
Address ONE CALIFORNIA STREET, SUITE 400

City-State-Zip: SAN FRANCISCO CA 94111

Title SECRETARY
Name TAYLOR, DEVIN
Address 1 STATE STREET PLAZA, 9TH FLOOR

City-State-Zip: NEW YORK NY 10004

Title DIRECTOR, CFO
Name BEHREND, ANDREW
Address 1 STATE STREET PLAZA, 9TH FL.

City-State-Zip: NEW YORK NY 10004

Title DIRECTOR
Name STANZI, JOHN
Address 111 WEST CAMPBELL STREET, 4TH
 FL.

City-State-Zip: ARLINGTON HEIGHTS IL 60005

Title VP
Name PARKS, JERRY
Address 901 SW 60TH AVENUE

City-State-Zip: Ocala FL 34474

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: DEVIN TAYLOR

SECRETARY

04/26/2018

Electronic Signature of Signing Officer/Director Detail

Date