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.

TREASURER

SIGNATURE: KARMAN MA CHAN

Electronic Signature of Signing Officer/Director Detail

| DOCUMENT# L62500 | |
|------------------|--|
| DOCUMENT# L02000 | |

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: PARKS INSURANCE CORPORATION

Current Principal Place of Business:

1 CALIFORNIA STREET SUITE 400 SAN FRANCISCO, CA 94111

Current Mailing Address:

3000 EXECUTIVE PKWY STE 325 SAN RAMON, CA 94583 US

FEI Number: 59-3003963

Name and Address of Current Registered Agent:

NRAI SERVICES, INC. 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US Certificate of Status Desired: No

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 | : KANETHA BISHOP | | | 03/11/2022 | | |
|---------------------------|--|-----------------|----------------------------------|------------|--|--|
| | Electronic Signature of Registered Agent | | | Date | | |
| Officer/Director Detail : | | | | | | |
| Title | PRESIDENT | Title | TREASURER | | | |
| Name | KUNNEY, MARC | Name | CHAN, KARMAN MA | | | |
| Address | 1 CALIFORNIA STREET SUITE 400 | Address | 1 CALIFORNIA STREET SUITE 400 | | | |
| City-State-Zip: | SAN FRANCISCO CA 94111 | City-State-Zip: | SAN FRANCISCO CA 94111 | | | |
| Title | SECRETARY | Title | DIRECTOR | | | |
| Name | CRAWFORD, DANIEL J. | Name | HAHN, JOHN | | | |
| Address | 1 CALIFORNIA STREET SUITE 400 | Address | 1 CALIFORNIA STREET SUITE 400 | | | |
| City-State-Zip: | SAN FRANCISCO CA 94111 | City-State-Zip: | SAN FRANCISCO CA 94111 | | | |
| Title | DIRECTOR | Title | DIRECTOR | | | |
| Name | GARVEY, PETER | Name | DENTON, STEVE | | | |
| Address | 1 CALIFORNIA STREET SUITE 400 | Address | 1 CALIFORNIA STREET SUITE 400 | | | |
| City-State-Zip: | SAN FRANCISCO CA 94111 | City-State-Zip: | SAN FRANCISCO CA 94111 | | | |

FILED Mar 11, 2022 Secretary of State 2364219314CC

> 03/11/2022 Date