

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L62500

FILED
Apr 13, 2020
Secretary of State
0681692567CC

Entity Name: PARKS INSURANCE CORPORATION

Current Principal Place of Business:

901 SW 60TH AVE
OCALA, FL 34477

Current Mailing Address:

3000 EXECUTIVE PKWY STE 325
SAN RAMON, CA 94583 US

FEI Number: 59-3003963

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
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: KANETHA BISHOP

04/13/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name KUNNEY, MARC
Address ONE CALIFORNIA STREET, SUITE 400
City-State-Zip: SAN FRANCISCO CA 94111

Title TREASURER
Name CHAN, KARMA MA
Address 425 CALIFORNIA STREET STREET,
 24TH FLOOR
City-State-Zip: SAN FRANCISCO CA 94104

Title SECRETARY
Name CRAWFORD, DANIEL J.
Address 2000 ALAMEDA DE LAS PULGAS,
 SUITE 280
City-State-Zip: SAN MATEO CA 94403

Title DIRECTOR
Name HAHN, JOHN
Address 425 CALIFORNIA STREET STREET,
 24TH FLOOR
City-State-Zip: SAN FRANCISCO CA 94104

Title DIRECTOR
Name GARVEY, PETER
Address 425 CALIFORNIA STREET STREET,
 24TH FLOOR
City-State-Zip: SAN FRANCISCO CA 94104

Title DIRECTOR
Name PUCINELLI, STEVEN
Address 65 EAST 55TH STREET, 32ND FLOOR
City-State-Zip: NEW YORK NY 10022

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: KARMA MA CHAN

TREASURER

04/13/2020

Electronic Signature of Signing Officer/Director Detail

Date