

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000146036

Entity Name: US ASSURE INSURANCE SERVICES OF FLORIDA, INC.**Current Principal Place of Business:**8230 NATIONS WAY
JACKSONVILLE, FL 32256**Current Mailing Address:**8230 NATIONS WAY
JACKSONVILLE, FL 32256 US**FEI Number:** 59-3716329**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 CEO, T, D
Name PETWAY, THOMAS F. IV
Address 8230 NATIONS WAY
City-State-Zip: JACKSONVILLE FL 32256

Title PRESIDENT
Name FERGUSON, M. ALAN
Address 8230 NATIONS WAY
City-State-Zip: JACKSONVILLE FL 32256

Title SVP
Name BRISTOW, STEPHEN M.
Address 8230 NATIONS WAY
City-State-Zip: JACKSONVILLE FL 32256

Title VP, CONTROLLER
Name ROBINSON, HARRELL G. III
Address 8230 NATIONS WAY
City-State-Zip: JACKSONVILLE FL 32256

Title VC
Name EMANS, CHRISTOPHER F.
Address 8230 NATIONS WAY
City-State-Zip: JACKSONVILLE FL 32256

Title CFO
Name BREEDLOVE, SELENA M.
Address 8230 NATIONS WAY
City-State-Zip: JACKSONVILLE FL 32256

Title SVP
Name ANTHONY, AMBER S.
Address 8230 NATIONS WAY
City-State-Zip: JACKSONVILLE FL 32256

Title VP
Name PAUGH, KELLI C
Address 8230 NATIONS WAY
City-State-Zip: JACKSONVILLE FL 32256

Continues on page 2

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: CHRISTOPHER EMANS

VC

04/30/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SVP
Name HOLDEN, B. RACHELE
Address 8230 NATIONS WAY
City-State-Zip: JACKSONVILLE FL 32256

Title VP
Name SCHERER, BILLY J.
Address 8230 NATIONS WAY
City-State-Zip: JACKSONVILLE FL 32256

Title VP
Name DALTON, M. LORI
Address 8230 NATIONS WAY
City-State-Zip: JACKSONVILLE FL 32256

Title AVP
Name HART, RYAN
Address 8230 NATIONS WAY
City-State-Zip: JACKSONVILLE FL 32256

Title AVP
Name THEISS, JAMES W. JR.
Address 8230 NATIONS WAY
City-State-Zip: JACKSONVILLE FL 32256

Title AVP
Name STIVERS, MELINDA M.
Address 8230 NATIONS WAY
City-State-Zip: JACKSONVILLE FL 32256

Title SVP
Name YUSKIS, JOHN JOSEPH III
Address 8230 NATIONS WAY
City-State-Zip: JACKSONVILLE FL 32256

Title AVP
Name NATHANSON, HEATHER
Address 8230 NATIONS WAY
City-State-Zip: JACKSONVILLE FL 32256