2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2017
Secretary of State
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Entity Name: FOUR POINTS INSURANCE, INC.

Current Principal Place of Business:

9657 NW SOUTH RIVER DR. SUITE 1
MEDLEY, FL 33166

Current Mailing Address:

9657 NW SOUTH RIVER DR. SUITE 1
MEDLEY, FL 33166 US

FEI Number: 27-1104733

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RIZO MEDINA, YOHAMA MICHELLE
9657 NW SOUTH RIVER DR.
SUITE 1
MEDLEY, FL 33178 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: YOHAMA RIZO MEDINA 01/10/2017

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	P	Title	VP
Name	RIZO, IVAN	Name	RIZO-MEDINA, YOHAMA M
Address	9657 NW SOUTH RIVER DR STE 1	Address	9657 NW SOUTH RIVER DR. STE 1
City-State-Zip:	MEDLEY FL 33166	City-State-Zip:	MEDLEY FL 33178

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: YOHAMA RIZO-MEDINA VP 01/10/2017

Electronic Signature of Signing Officer/Director Detail — Date