

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M15000004875

Entity Name: INTERWEST INSURANCE SERVICES, LLC

Current Principal Place of Business:

8950 CAL CENTER DR
SUITE 200
SACRAMENTO, CA 95826

Current Mailing Address:

P.O. BOX 255188
SACRAMENTO, CA 95865-5188 US

FEI Number: 68-0266090

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
515 E PARK AVE
TALLAHASSEE, FL 32301 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

Authorized Person(s) Detail :

Title MEMBER, VP
Name BULOTTI, JAMES ALLEN JR.
Address 8950 CAL CENTER DR., STE 200
City-State-Zip: SACRAMENTO CA 95826

Title MEMBER, VP.
Name ARENCHILD, MERVIN EARL III
Address 1357 E. LASSEN AVE., SUITE 100
City-State-Zip: CHICO CA 95973

Title MEMBER, CEO
Name SCHULER, KEITH
Address 1357 E. LASSEN AVE., SUITE 100
City-State-Zip: CHICO CA 95973

Title MEMBER, VP
Name HOFFMAN, PATRICK
Address 1357 E. LASSEN AVE
100
City-State-Zip: CHICO CA 95973

Title MEMBER, VP
Name HOPKINS, JOHN
Address 1357 E LASSEN AVE
100
City-State-Zip: CHICO CA 95973

Title MEMBER, VP
Name HOUCK, CRAIG
Address 8950 CAL CENTER DR., STE 200
City-State-Zip: SACRAMENTO CA 95826

Title MEMBER, CFO
Name POLLARD, DONALD
Address 1357 E LASSEN AVE
100
City-State-Zip: CHICO CA 95973

Title MEMBER, VP
Name SEAMANS, BRIAN
Address 1357 E LASSEN AVE
100
City-State-Zip: CHICO CA 95973

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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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KEITH SCHULER

MEMBER, CEO

02/26/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MEMBER, VP
Name WILLIAMS, STEVEN
Address 310 HEMSTED AVE
200
City-State-Zip: REDDING CA 96002

Title AUTHORIZED MEMBER
Name HIGHTOWER, VICKI
Address 1357 E LASSEN AVE
City-State-Zip: CHICO CA 95973

Title AUTHORIZED MEMBER
Name OATES, ROBERT
Address 8950 CAL CENTER DR
SUITE 200
City-State-Zip: SACRAMENTO CA 95826

Title MEMBER, VP
Name WEATHERSBEE, JENNIFER
Address 8950 CAL CENTER DR.
200
City-State-Zip: SACRAMENTO CA 95826

Title AUTHORIZED MEMBER
Name CARTER, MICHELE
Address 1357 E. LASSEN AVE
City-State-Zip: CHICO CA 95973

Title AUTHORIZED MEMBER
Name BACON, TARYN
Address 8950 CAL CENTER DR #200
City-State-Zip: SACRAMENTO CA 95826

Title AUTHORIZED MEMBER
Name RUBIO, TONY
Address 1357 E LASSEN AVE
City-State-Zip: SACRAMENTO CA 95973