

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M19000002096

Entity Name: CATAPULT INSURANCE SOLUTIONS, LLC**Current Principal Place of Business:**4120 INTERNATIONAL PKWY
SUITE 2000
CARROLLTON, TX 75007**Current Mailing Address:**4120 INTERNATIONAL PKWY
SUITE 2000
CARROLLTON, TX 75007 US**FEI Number:** 26-1652491**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
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:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AP, PRESIDENT
Name SUNDERMAN, TIMOTHY
Address 4120 INTERNATIONAL PKWY
SUITE 2000
City-State-Zip: CARROLLTON TX 75007

Title AP
Name HOTCHKISS, MICHAEL
Address 4120 INTERNATIONAL PKWY
SUITE 2000
City-State-Zip: CARROLLTON TX 75007

Title AP
Name HOTCHKISS, GREGORY
Address 4120 INTERNATIONAL PKWY
SUITE 2000
City-State-Zip: CARROLLTON TX 75007

Title AP
Name HOTCHKISS, KENNETH
Address 4120 INTERNATIONAL PKWY
SUITE 2000
City-State-Zip: CARROLLTON TX 75007

Title AP
Name HOTCHKISS, DOUGLAS
Address 4120 INTERNATIONAL PKWY
SUITE 2000
City-State-Zip: CARROLLTON TX 75007

Title MBR, OWNER
Name HOTCHKISS INSURANCE MANAGERS,
LLC
Address 4120 INTERNATIONAL PKWY
SUITE 2000
City-State-Zip: CARROLLTON TX 75007

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: SUNDERMAN , TIMOTHY

AP, PRESIDENT

04/12/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date