2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2020
Secretary of State
4609986150CC

DOCUMENT# M19000002096

Entity Name: CATAPULT INSURANCE SOLUTIONS, LLC

Current Principal Place of Business:

4120 INTERNATIONAL PKWY
CARROLLTON, TX 75007

Current Mailing Address:

4120 INTERNATIONAL PKWY
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
Name	SUNDERMAN, TIMOTHY
Address	4120 INTERNATIONAL PKWY
City-State-Zip:	CARROLLTON TX 75007

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

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

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

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

Title	MBR
Name	HOTCHKISS INSURANCE AGENCY LLC
Address	4120 INTERNATIONAL PKWY
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: TIMOTHY SUNDERMAN PRESIDENT 03/25/2020

Electronic Signature of Signing Authorized Person(s) Detail — Date