

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F00000006238

**Entity Name:** COSTCO INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

999 LAKE DRIVE  
ISSAQUAH, WA 98027

**Current Mailing Address:**

P.O. BOX 35005  
ATTN: LICENSING  
SEATTLE, WA 98124

**FEI Number:** 91-1895843

**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

**Officer/Director Detail :**

Title PD  
Name LATHAM, PAUL W  
Address 999 LAKE DRIVE  
City-State-Zip: ISSAQUAH WA 98027

Title SAVP  
Name TORREY, SANDRA W  
Address 999 LAKE DRIVE  
City-State-Zip: ISSAQUAH WA 98027

Title AVPD  
Name CONLON, JOHN S  
Address 999 LAKE DRIVE  
City-State-Zip: ISSAQUAH WA 98027

Title AS  
Name TSUBOI, GAIL E  
Address 999 LAKE DRIVE  
City-State-Zip: ISSAQUAH WA 98027

Title TREASURER  
Name ELLIOTT, JEFFREY L  
Address 999 LAKE DRIVE  
City-State-Zip: ISSAQUAH WA 98027

Title DIRECTOR  
Name SULLIVAN, JOHN C  
Address 999 LAKE DRIVE  
City-State-Zip: ISSAQUAH WA 98027

Title VP  
Name EVANS, NAK-HE  
Address 999 LAKE DRIVE  
City-State-Zip: ISSAQUAH WA 98027

*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:** GAIL E. TSUBOI

**ASSISTANT SECRETARY** 04/01/2021

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date