

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F00000006591

**Entity Name:** SUNTRUST INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

303 PEACHTREE CENTER AVENUE NE  
SUITE 140  
ATLANTA, GA 30303

**Current Mailing Address:**

303 PEACHTREE CENTER AVENUE NE  
SUITE 140  
ATLANTA, GA 30303 US

**FEI Number:** 58-2326680

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
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:** MADONNA D. MALINOWSKI, ASSISTANT VP

04/15/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, PRESIDENT, TREASURER  
Name NULL, ROBERT A.  
Address 303 PEACHTREE CENTER AVENUE  
NE  
SUITE 140  
City-State-Zip: ATLANTA GA 30303

Title SECRETARY  
Name RICH, SARAH  
Address 303 PEACHTREE STREET  
City-State-Zip: ATLANTA GA 30308

Title ASSISTANT VICE PRESIDENT  
Name STANBERRY, HASANA  
Address 303 PEACHTREET STREET NE  
9TH FLOOR  
City-State-Zip: ATLANTA GA 30308

Title DIRECTOR  
Name JENKINS-HOLLEY, TIELEASHA  
Address 303 PEACHTREE CENTER AVENUE  
NE  
SUITE 140  
City-State-Zip: ATLANTA GA 30303

*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:** HASANA STANBERRY

ASSISTANT VICE  
PRESIDENT

04/15/2023

Electronic Signature of Signing Officer/Director Detail

Date