

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000004212

**FILED**  
**Mar 09, 2020**  
**Secretary of State**  
**1371744107CC**

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

**Current Principal Place of Business:**

ONE PARK PLACE, SUITE 600  
DUBLIN, CA 94568

**Current Mailing Address:**

ONE PARK PLACE, SUITE 600  
DUBLIN, CA 94568 US

**FEI Number:** 20-3209497

**Certificate of Status Desired:** No

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

CORPORATE CREATIONS NETWORK INC.  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 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 CEO, DIRECTOR  
Name MURPHY , MICHAEL  
Address ONE PARK PLACE, SUITE 600  
City-State-Zip: DUBLIN CA 94568

Title SECRETARY  
Name KERBER , GREG  
Address ONE PARK PLACE, SUITE 600  
City-State-Zip: DUBLIN CA 94568

Title DIRECTOR, ASST. SECRETARY  
Name WELLINGTON , SAMANTHA  
Address ONE PARK PLACE, SUITE 600  
City-State-Zip: DUBLIN CA 94568

Title CFO, DIRECTOR  
Name LEE, JONATHAN  
Address ONE PARK PLACE, SUITE 600  
City-State-Zip: DUBLIN CA 94568

Title TREASURER  
Name JOY, JOHN  
Address ONE PARK PLACE, SUITE 600  
City-State-Zip: DUBLIN CA 94568

Title ASST. TREASURER  
Name YEAGER , RYAN  
Address ONE PARK PLACE, SUITE 600  
City-State-Zip: DUBLIN CA 94568

Title SENIOR VICE PRESIDENT,  
INSURANCE  
Name GRIESE, ED  
Address ONE PARK PLACE, SUITE 600  
City-State-Zip: DUBLIN CA 94568

Title VP, TAX  
Name PAVLAS, JOE  
Address ONE PARK PLACE, SUITE 600  
City-State-Zip: DUBLIN CA 94568

*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:** GREG KERBER

**SECRETARY, BY ANA  
MANZANO, ATTORNEY-  
IN-FACT**

**03/09/2020**

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

\_\_\_\_\_  
Date