2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2023
Secretary of State
7059260403CC

DOCUMENT# F05000005428

Entity Name: SMALL BUSINESS INSURANCE ADVISORS, INC.

Current Principal Place of Business:

300 BURNETT ST, #200
FORT WORTH, TX 76102

Current Mailing Address:

300 BURNETT ST, #200
FORT WORTH, TX 76102 US

FEI Number: 20-1004228

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	SECRETARY
Name	LEWIS-DAVID, JENNIFER LUNDGREN
Address	10175 LITTLE PATUXENT
City-State-Zip:	COLUMBIA MD 21044

Title	ASSISTANT SECRETARY
Name	LANG, HEATHER ANASTASIA
Address	9900 BREN ROAD EAST
City-State-Zip:	MINNETONKA MN 55343

Title	CEO
Name	COSGRIFF, JOHN WILLIAM
Address	9700 HEALTH CARE LANE
City-State-Zip:	MINNETONKA MN 55343

Title	DIRECTOR
Name	COSGRIFF, JOHN WILLIAM
Address	9700 HEALTH CARE LANE
City-State-Zip:	MINNETONKA MN 55343

Title	TREASURER
Name	GILL, PETER MARSHALL
Address	9900 BREN ROAD EAST
City-State-Zip:	MINNETONKA MN 55343

Title	CFO
Name	JACOBS, BILLY LEE
Address	300 BURNETT ST, #200
City-State-Zip:	FORT WORTH TX 76102

Title	PRESIDENT
Name	COSGRIFF, JOHN WILLIAM
Address	9700 HEALTH CARE LANE
City-State-Zip:	MINNETONKA MN 55343

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: HEATHER ANASTASIA LANG — ASSISTANT SECRETARY — 04/23/2023

Electronic Signature of Signing Officer/Director Detail — Date