

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003222

Entity Name: EDGEWOOD PARTNERS INSURANCE CENTER, INC.**Current Principal Place of Business:**1 CALIFORNIA STREET
SUITE 400
SAN FRANCISCO, CA 94111**Current Mailing Address:**3000 EXECUTIVE PARKWAY
SUITE 325
SAN RAMON, CA 94583 US**FEI Number:** 94-3195221**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC
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	VC
Name	GARVEY, PETER
Address	1 CALIFORNIA STREET SUITE 400
City-State-Zip:	SAN FRANCISCO CA 94111

Title	SECRETARY, DIRECTOR
Name	CRAWFORD, DANIEL J
Address	1 CALIFORNIA STREET SUITE 400
City-State-Zip:	SAN FRANCISCO CA 94111

Title	TREASURER, DIRECTOR
Name	CHAN, KARMAN MA
Address	1 CALIFORNIA STREET SUITE 400
City-State-Zip:	SAN FRANCISCO CA 94111

Title	DIRECTOR, CHAIRMAN
Name	HAHN, JOHN G.
Address	1 CALIFORNIA STREET SUITE 400
City-State-Zip:	SAN FRANCISCO CA 94111

Title	CEO, PRESIDENT
Name	DENTON, STEVE
Address	1 CALIFORNIA STREET SUITE 400
City-State-Zip:	SAN FRANCISCO CA 94111

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: KARMAN MA CHAN**TREASURER****04/08/2022**

Electronic Signature of Signing Officer/Director Detail

Date