## 2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005332

Entity Name: JAMES C. JENKINS INSURANCE SERVICE, INC.

**FILED** Apr 19, 2018 **Secretary of State** CC0873148765

## **Current Principal Place of Business:**

1390 WILLOW PASS ROAD SUITE 800 CONCORD, CA 94520

# **Current Mailing Address:**

3000 EXECUTIVE PARKWAY SUITE 325 SAN RAMON, CA 94583 US

FEI Number: 94-2448663 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

Electronic Signature of 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:

City-State-Zip:

Date

## Officer/Director Detail:

EVP, DIRECTOR Title Title EVP, DIRECTOR CONNELL, JOHN F PERATA, CURTIS J Name Name

Address 1390 WILLOW PASS ROAD Address 1390 WILLOW PASS ROAD SUITE 800

SUITE 800

SAN MATEO CA 94403

CONCORD CA 94520 CONCORD CA 94520 City-State-Zip: City-State-Zip:

Title CEO, DIRECTOR Title SECRETARY, DIRECTOR HAHN, JOHN G CRAWFORD, DANIEL J Name Name

**425 CALIFORNIA STREET** 2000 ALAMEDA DE LAS PULGAS Address Address

City-State-Zip:

24TH FLLOR SUITE 280

Title TREASURER, DIRECTOR

CHAN, KARMAN MA Name 425 CALIFORNIA ST Address 24TH FLOOR

SAN FRANCISCO CA 94104 City-State-Zip:

SAN FRANCISCO CA 94104

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.