

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005332

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

FILED
Apr 12, 2016
Secretary of State
CC4609627344

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:

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 EVP, DIRECTOR
Name CONNELL, JOHN F
Address 2552 STANWELL DRIVE
City-State-Zip: CONCORD CA 94520

Title EVP, DIRECTOR
Name PERATA, CURTIS J
Address 2552 STANWELL DRIVE
City-State-Zip: CONCORD CA 94520

Title CEO, DIRECTOR
Name HAHN, JOHN G
Address 135 MAIN STREET, 21ST FLOOR
City-State-Zip: SAN FRANCISCO CA 94105

Title SECRETARY, DIRECTOR
Name CRAWFORD, DANIEL J
Address 2000 ALAMEDA DE LAS PULGAS
 SUITE 280
City-State-Zip: SAN MATEO CA 94403

Title TREASURER, DIRECTOR
Name CHAN, KARMAN MA
Address 135 MAIN STREET, 21ST FLOOR
City-State-Zip: SAN FRANCISCO CA 94105

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

04/12/2016

Electronic Signature of Signing Officer/Director Detail

Date