

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001005

Entity Name: ELIXIR INSURANCE COMPANY

Current Principal Place of Business:

2181 E AURORA ROAD
TWINSBURG, OH 44087

Current Mailing Address:

2181 E AURORA ROAD
TWINSBURG, OH 44087 US

FEI Number: 20-4308924

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 DIRECTOR
Name HOOVER, BRIAN TODD
Address 30 HUNTER LANE
City-State-Zip: CAMP HILL PA 17011

Title DIRECTOR
Name SCHROEDER, MATTHEW CHARLES
Address 30 HUNTER LANE
City-State-Zip: CAMP HILL PA 17011

Title DIRECTOR
Name LOWELL, SUSAN CATHERINE
Address 30 HUNTER LANE
City-State-Zip: CAMP HILL PA 17011

Title SECRETARY
Name LAWRENCE, SIMONNE MERYNE
Address 2181 EAST AURORA AVENUE
City-State-Zip: TWINSBURG OH 44087

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: SIMONNE LAWRENCE

SECRETARY

04/12/2021

Electronic Signature of Signing Officer/Director Detail

Date