

**2025 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F08000002971

**Entity Name:** PREMIER ACCESS INSURANCE COMPANY**Current Principal Place of Business:**4400 MACARTHUR BLVD, SUITE 150  
NEWPORT NEWS, CA 92660**Current Mailing Address:**1295 W. WASHINGTON STREET  
SUITE 212  
TEMPE, AZ 85281 US**FEI Number:** 91-1857813**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	MAJEED, NATALIE ROMAINE
Address	1295 W. WASHINGTON STREET SUITE 212
City-State-Zip:	TEMPE AZ 85281

Title	VP
Name	THOMPSON, KRISTYL MARIE
Address	1295 W. WASHINGTON STREET SUITE 212
City-State-Zip:	TEMPE AZ 85281

Title	CFO, DIRECTOR
Name	LITTMAN, HARVEY FLOYD
Address	1295 W. WASHINGTON STREET SUITE 212
City-State-Zip:	TEMPE AZ 85281

Title	CEO, DIRECTOR
Name	ROTHROCK, KIRK EDWARD
Address	1295 W. WASHINGTON STREET SUITE 212
City-State-Zip:	TEMPE AZ 85281

Title	TREASURER, CONTROLLER
Name	WADE, MOLLY ANNE
Address	1295 W. WASHINGTON STREET SUITE 212
City-State-Zip:	TEMPE AZ 85281

Title	COO
Name	SCOTT, MICHAEL K.
Address	1295 W. WASHINGTON STREET SUITE 212
City-State-Zip:	TEMPE AZ 85281

*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: KRISTYL M. THOMPSON****VICE PRESIDENT, CHIEF COMPLIANCE OFFICER 07/21/2025**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date