

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000005298

Entity Name: FASI INSURANCE SERVICES, INC.

Current Principal Place of Business:

655 WEST BROADWAY, STE 1200
SAN DIEGO, CA 92101

Current Mailing Address:

655 WEST BROADWAY, STE 1200
SAN DIEGO, CA 92101 US

FEI Number: 20-1192781

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 VP
Name CONDRA, SHANNON
Address 15455 CONWAY RD.
City-State-Zip: CHESTERFIELD MO 63017

Title PRESIDENT
Name KEEFE, KEVIN
Address 655 WEST BROADWAY, STE 1200
City-State-Zip: SAN DIEGO CA 92101

Title DIRECTOR
Name HARRISON, BRETT
Address 4600 S SYRACUSE ST
STE 600
City-State-Zip: DENVER CO 80237

Title TREA
Name SHELSON, MARK P
Address 400 1ST ST SOUTH
STE 300
City-State-Zip: ST CLOUD MN 56301

Title ASST. SECRETARY
Name OLSON, GREG A
Address 200 N SEPULVEDA BLVD
STE 1200
City-State-Zip: EL SEGUNDO CA 90245

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: GREG OLSON

ASSISTANT SECRETARY 04/25/2017

Electronic Signature of Signing Officer/Director Detail

Date