

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000000486

Entity Name: INSURANCE, INC.**Current Principal Place of Business:**10461 MILL RUN CIRCLE SUITE 1000
OWINGS MILLS, MD 21117**Current Mailing Address:**10461 MILL RUN CIRCLE SUITE 1000
OWINGS MILLS, MD 21117 US**FEI Number:** 52-0570141**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	VP
Name	CASEY JR, ARTHUR D
Address	10461 MILL RUN CIRCLE SUITE 1000
City-State-Zip:	OWINGS MILLS MD 21117

Title	VP
Name	KRELL, AMIR
Address	10461 MILL RUN CIRCLE SUITE 1000
City-State-Zip:	OWINGS MILLS MD 21117

Title	PRESIDENT
Name	SUTTON, TRACY
Address	10461 MILL RUN CIRCLE SUITE 1000
City-State-Zip:	OWINGS MILLS MD 21117

Title	TREASURER
Name	SUMMERFIELD, ALAN
Address	10461 MILL RUN CIRCLE SUITE 1000
City-State-Zip:	OWINGS MILLS MD 21117

Title	SECRETARY
Name	CASEY, BRYAN
Address	10461 MILL RUN CIRCLE SUITE 1000
City-State-Zip:	OWINGS MILLS MD 21117

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: TRACY SUTTON**PRESIDENT****02/06/2023**

Electronic Signature of Signing Officer/Director Detail

Date