2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F1400000045

Entity Name: SBS OF CALIFORNIA INSURANCE AGENCY, INC.

FILED Aug 08, 2021 Secretary of State 8817510165CC

Current Principal Place of Business:

200 N PACIFIC COAST HWY

STE 1200

EL SEGUNDO, CA 90245

Current Mailing Address:

200 N PACIFIC COAST HWY

STE 1200

EL SEGUNDO, CA 90245 US

FEI Number: 52-2305203 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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:

City-State-Zip:

Address

Electronic Signature of Registered Agent

Officer/Director Detail:

Title PRESIDENT AND DIRECTOR Title TREASURER

Name TAYLOR, THOMAS Name SHORES, KEITH

Address 200 N PACIFIC COAST HWY Address 656 WEST BOADWAY 12TH FL

STE 1200 City-State-Zip: SAN DIEGO CA 92101 EL SEGUNDO CA 90245

Title DIRECTOR

Title SECRETARY Name GOOLEY, THOMAS

Name GOK, LISA

Address 200 N PACIFIC COAST HWY

200 N PACIFIC COAST HWY STE 1200

STE 1200 City-State-Zip: EL SEGUNDO CA 90245

City-State-Zip: EL SEGUNDO CA 90245

Title OFFICER

Name CHAFFIN, GARY

Address 200 N PACIFIC COAST HWY

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: GARY CHAFFIN OFFICER 08/08/2021

Date