

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000002650

**Entity Name:** RELATION INSURANCE SERVICES OF NORTH CAROLINA, INC.**FILED**  
**Apr 19, 2019**  
**Secretary of State**  
**4749188214CC****Current Principal Place of Business:**11215 NORTH COMMUNITY HOUSE ROAD, SUITE 100  
CHARLOTTE, NC 28227**Current Mailing Address:**1277 TREAT BLVD. SUITE 400  
WALNUT CREEK, CA 94597 US**FEI Number: 26-3652075****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**3H AGENT SERVICES, INC.  
1415 PANTHER LANE, SUITE 327  
NAPLES, FL 34109 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	PRESIDENT, CFO, COO AND SECRETARY
Name	PAGE, EDWARD N
Address	1277 TREAT BLVD., SUITE 400
City-State-Zip:	WALNUT CREEK CA 94597

Title	CEO, EVP, TREASURER, DIRECTOR AND ASSISTANT SECRETARY
Name	TATUM, JOSEPH L JR.
Address	1277 TREAT BLVD., SUITE 400
City-State-Zip:	WALNUT CREEK CA 94597

Title	VP
Name	MARTIN, STEPHEN D.
Address	1277 TREAT BLVD. SUITE 400
City-State-Zip:	WALNUT CREEK CA 94597

Title	VP
Name	VERNI, KERI A
Address	1277 TREAT BLVD. SUITE 400
City-State-Zip:	WALNUT CREEK CA 94597

*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: EDWARD NATHAN PAGE****PRESIDENT****04/19/2019**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date