

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000000014

**Entity Name:** GLOBAL INSURANCE MANAGEMENT COMPANY, INC.

**Current Principal Place of Business:**

1250 SOUTH PINE ISLAND ROAD, SUITE 300  
PLANTATION, FL 33324

**Current Mailing Address:**

1250 SOUTH PINE ISLAND ROAD, SUITE 300  
PLANTATION, FL 33324

**FEI Number:** 47-1971933

**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           | DIRECTOR/CEO                              | Title           | DIRECTOR/VP, CFO/TREASURER                |
| Name            | SALMAN, JOSHUA M                          | Name            | LESTER, DAVID W                           |
| Address         | 1250 SOUTH PINE ISLAND ROAD,<br>SUITE 300 | Address         | 1250 SOUTH PINE ISLAND ROAD,<br>SUITE 300 |
| City-State-Zip: | PLANTATION FL 33324                       | City-State-Zip: | PLANTATION FL 33324                       |

*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:** DAVID LESTER

EVP-CFO

01/19/2018

Electronic Signature of Signing Officer/Director Detail

Date