

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000004447

Entity Name: PRESCIENT NATIONAL INSURANCE COMPANY**Current Principal Place of Business:**217 S TYRON STREET
CHARLOTTE, NC 28202**Current Mailing Address:**217 S TYRON STREET
CHARLOTTE, NC 28202 US**FEI Number:** 20-4790752**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCCONNAUGHAY, JIM
1709 HERMITAGE BLVD SUITE 200
TALLAHASSEE, FL 32308 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	CP
Name	FLACHS, BRUCE
Address	217 S TYRON STREET
City-State-Zip:	CHARLOTTE NC 28202

Title	DST
Name	GRANT, SCOTT H
Address	217 S TYRON STREET
City-State-Zip:	CHARLOTTE NC 28202

Title	DIRECTOR
Name	BOWYER, JILL
Address	217 S TYRON STREET
City-State-Zip:	CHARLOTTE NC 28202

Title	DIRECTOR
Name	SMEE, ROBERT L
Address	217 S TYRON STREET
City-State-Zip:	CHARLOTTE NC 28202

Title	DIRECTOR
Name	SECUNDA, JAMES K
Address	217 S TYRON STREET
City-State-Zip:	CHARLOTTE NC 28202

Title	DIRECTOR
Name	JOHNSON, ANTHONY C
Address	217 S TYRON STREET
City-State-Zip:	CHARLOTTE NC 28202

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: SCOTT GRANT**SECRETARY****01/05/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date