

2024 FOREIGN PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F18000005662

FILED
Jun 26, 2024
Secretary of State
4719593302CR

Entity Name: ASI SELECT INSURANCE CORP.

Current Principal Place of Business:

111 CONGRESSIONAL BLVD.
SUITE 150
CARMEL, IN 46032

Current Mailing Address:

1 ASI WAY
ST PETERSBURG, FL 33702 US

FEI Number: 27-3421622

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CHIEF FINANCIAL
200 EAST GAINES STREET
TALLAHASSEE, FL 32399 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: JEANINE DUDA

06/26/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY, VP
Name SUNDBERG, KATHLEEN
Address 1 ASI WAY
City-State-Zip: ST PETERSBURG FL 33702

Title VP
Name PLESS, ALBERT
Address 1 ASI WAY
City-State-Zip: ST PETERSBURG FL 33702

Title DIRECTOR, PRESIDENT
Name FJARE, TANYA
Address 1 ASI WAY
City-State-Zip: ST PETERSBURG FL 33702

Title VP
Name BATES, SHERRI
Address 1 ASI WAY
City-State-Zip: ST PETERSBURG FL 33702

Title DIRECTOR, VP
Name MCCRINK, PATRICK
Address 1 ASI WAY
City-State-Zip: ST PETERSBURG FL 33702

Title DIRECTOR
Name CURTISS, JOHN
Address 300 NORTH COMMONS BLVD.
City-State-Zip: MAYFIELD VILLAGE OH 44143

Title DIRECTOR
Name SCHMIEDT, PATRICK
Address 111 CONGRESSIONAL BLVD.
SUITE 150
City-State-Zip: CARMEL IN 46032

Title TREASURER
Name BRENNAN, PATRICK
Address 300 NORTH COMMONS BLVD.
City-State-Zip: MAYFIELD VILLAGE OH 44143

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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: CHRISTINA CREWS

ASSISTANT SECRETARY 06/26/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASST. TREASURER
Name KUSMER, JAMES
Address 300 NORTH COMMONS BLVD.
City-State-Zip: MAYFIELD VILLAGE OH 44143

Title VP
Name CAVELL, MICHELLE
Address 300 NORTH COMMONS BLVD.
City-State-Zip: MAYFIELD VILLAGE OH 44143

Title ASST. SECRETARY
Name CREWS, CHRISTINA
Address 300 NORTH COMMONS BLVD.
City-State-Zip: MAYFIELD VILLAGE OH 44143

Title ASST. TREASURER, VP
Name HOPKINS, BRANDON
Address 300 NORTH COMMONS BLVD.
City-State-Zip: MAYFIELD VILLAGE OH 44143