

**2022 FOREIGN PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F20000002735

**Entity Name:** TOGGLE INSURANCE COMPANY

**Current Principal Place of Business:**

3 BEAVER VALLEY RD  
WILMINGTON, DE 19803

**FILED**  
**Jan 11, 2022**  
**Secretary of State**  
**5510654538CR**

**Current Mailing Address:**

PO BOX 2450  
GRAND RAPIDS, MI 49501 US

**FEI Number: 13-3551577**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E GAINES ST  
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:** CFO

01/11/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            TAYLOR LLOYD, STEPHANIE  
Address        6303 OWENSMOUTH AVE  
City-State-Zip: WOODLAND HILLS CA 91367

Title            VP  
Name            HOWARD, ROBERT PAUL  
Address        6303 OWENSMOUTH AVE  
City-State-Zip: WOODLAND HILLS CA 91367

Title            TREASURER, VP  
Name            SANGKYU NOH, THOMAS  
Address        6303 OWENSMOUTH AVE  
City-State-Zip: WOODLAND HILLS CA 91367

Title            S  
Name            EUGENE HOHL, DOREN  
Address        6303 OWENSMOUTH AVE  
City-State-Zip: WOODLAND HILLS CA 91367

Title            A  
Name            NUTTING, JAMES LESLIE  
Address        6303 OWENSMOUTH AVE  
City-State-Zip: WOODLAND HILLS CA 91367

Title            AS  
Name            NICOLE PRYOR, JENNIFER  
Address        6303 OWENSMOUTH AVE  
City-State-Zip: WOODLAND HILLS CA 91367

Title            ASST. TREASURER  
Name            GRETCHEN, BARNES L  
Address        5600 BEECH TREE LANE  
City-State-Zip: CALEDONIA MI 49316

Title            VP  
Name            MCCARTHY, VICTORIA L  
Address        6301 OWENSMOUTH AVE  
City-State-Zip: WOODLAND HILLS CA 91367

**Continues on page 2**

*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:** GRETCHEN L BARNES

ASST. TREASURER

01/11/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP  
Name BAUR, MAITE I  
Address 6301 OWENSMOUTH AVE  
City-State-Zip: WOODLAND HILLS CA 91367

Title DIRECTOR  
Name BRYANT, JOE D  
Address 6301 OWENSMOUTH AVE  
City-State-Zip: WOODLAND HILLS CA 91367

Title DIRECTOR  
Name JACKSON, GAIL N  
Address 6301 OWENSMOUTH AVE  
City-State-Zip: WOODLAND HILLS CA 91367

Title VP  
Name MEISSE, JOHN H  
Address 6301 OWENSMOUTH AVE  
City-State-Zip: WOODLAND HILLS CA 91367

Title DIRECTOR  
Name HANSON, GUY M  
Address 6301 OWENSMOUTH AVE  
City-State-Zip: WOODLAND HILLS CA 91367

Title DIRECTOR  
Name LEWIS, SHERMAN L III  
Address 6301 OWENSMOUTH AVE  
City-State-Zip: WOODLAND HILLS CA 91367