## 2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F21000002670

Entity Name: JENCAP INSURANCE SERVICES INC.

**Current Principal Place of Business:** 

3025 WINDWARD PLAZA SUITE 400 ALPHATETTA, GA 30005

**FILED** Apr 12, 2023 **Secretary of State** 4480140501CC

## **Current Mailing Address:**

3025 WINDWARD PLAZA SUITE 400 ALPHATETTA, GA 30005 US

FEI Number: 58-2412851 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

Officer/Director Detail:

Title Title **EVP** 

Name JENNINGS, JOHN F Name ROSS, LES I

1350 BROADWAY, SUITE 1400 425 CALIFORNIA STREET, SUITE 2400 Address Address

City-State-Zip: NEW YORK NY 10018 City-State-Zip: SAN FRANCISCO CA 94104

Title VΡ

Title **DCFO** Name WARE, JR., ROGER B

Name NIELSEN, DAVID L Address 4025 WINDWARD PLAZA, SUITE 400

Address 1350 BROADWAY, SUITE 1400 City-State-Zip: ALPHATETTA GA 30005

Title

City-State-Zip: NEW YORK NY 10018

Title DS

City-State-Zip: PEARL RIVER NY 10965

Name WALSH, DENISE Name PEDDLE, BRUCE Address 1 BLUE HILL PLAZA

Address 3025 WINDWARD PLAZA

SUITE 400

**PRESIDENT** 

ALPHATETTA GA 30005 City-State-Zip:

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.

04/12/2023 SIGNATURE: LES I ROSS **EXECUTIVE VICE PRESIDENT** 

Date