

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F21000005269

**Entity Name:** LOXDON INSURANCE COMPANY, INC., A RISK RETENTION GROUP

**FILED**  
**Jan 21, 2022**  
**Secretary of State**  
**6326801178CC**

**Current Principal Place of Business:**

420 NORTH 20TH STREET, SUITE 2200  
BIRMINGHAM, AL 35203

**Current Mailing Address:**

7181 CHAGRIN ROAD, SUITE 100  
CHAGRIN FALLS, OH 44023 US

**FEI Number: 85-3042389**

**Certificate of Status Desired: Yes**

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

ANTONOV, ANNA  
DEPT. OF FINANCIAL SERVICES,  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name WALTER, MICHAL  
Address 500 ALA MOANA BLVD STE 7400  
City-State-Zip: HONOLULU HI 96813

Title VP  
Name ANTONOV, ANNA  
Address 500 ALA MOANA BLVD STE 7400  
City-State-Zip: HONOLULU HI 96813

*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: ANNA ANTONOV**

**CEO**

**01/21/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date