

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F23000001080

Entity Name: CURATIVE INSURANCE COMPANY

Current Principal Place of Business:

900 CONGRESS AVE., #500
AUSTIN, TX 78701

Current Mailing Address:

900 CONGRESS AVE., #500
AUSTIN, TX 78701 US

FEI Number: NOT APPLICABLE

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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title DIRECTOR
Name ELLWANGER, DAVID E
Address 900 CONGRESS AVE., #500
City-State-Zip: AUSTIN TX 78701

Title CEO, DIRECTOR, SECRETARY
Name TURNER, FREDERICK E
Address 900 CONGRESS AVE., #500
City-State-Zip: AUSTIN TX 78701

Title DIRECTOR
Name ALVES, SHARON
Address 900 CONGRESS AVE., #500
City-State-Zip: AUSTIN TX 78701

Title DIRECTOR
Name TURNER, ISAAC
Address 430 SOUTH CATARACT AVENUE
City-State-Zip: SAN DIMAS CA 91773

Title CFO, DIRECTOR, SECRETARY,
TREASURER
Name WILSON-CIRANNA, TAMI
Address 900 CONGRESS AVE., #500
City-State-Zip: AUSTIN TX 78701

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: WILSON-CIRANNA , TAMI

AUTHORIZE SIGNER

04/05/2024

Electronic Signature of Signing Officer/Director Detail

Date