

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F23000001603

Entity Name: BONDEX INSURANCE COMPANY**Current Principal Place of Business:**30A VREELAND RD STE 120
FLORHAM PARK, NJ 07932**Current Mailing Address:**30A VREELAND RD STE 120
P.O. BOX 6
FLORHAM PARK, NJ 07932**FEI Number:** 26-0159619**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 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	BARNER, ANTONIO
Address	30A VREELAND RD STE 120
City-State-Zip:	FLORHAM PARK NJ 07932

Title	S
Name	BERRY, JOHN STEPHEN
Address	30A VREELAND RD STE 120
City-State-Zip:	FLORHAM PARK NJ 07932

Title	D
Name	GROMEK, MARK
Address	30A VREELAND RD STE 120
City-State-Zip:	FLORHAM PARK NJ 07932

Title	EX
Name	JORGE, LIONAL
Address	30A VREELAND RD STE 120
City-State-Zip:	FLORHAM PARK NJ 07932

Title	T
Name	BURNETT, MATTHEW
Address	30A VREELAND RD STE 120
City-State-Zip:	FLORHAM PARK NJ 07932

Title	D
Name	STINSON, SHAWN
Address	30A VREELAND RD STE 120
City-State-Zip:	FLORHAM PARK NJ 07932

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: JOHN STEPHEN BERRY**SECRETARY****02/06/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date