

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10947

Entity Name: BLUESHORE INSURANCE COMPANY**Current Principal Place of Business:**1720 W. RIO SALADO PKWY
TEMPE, AZ 85281**Current Mailing Address:**76 SAINT PAUL ST
STE 500
BURLINGTON, VT 05401 US**FEI Number:** 11-2810202**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 PRESIDENT, DIRECTOR
Name SAUDER, MARK
Address 1720 W. RIO SALADO PKWY
City-State-Zip: TEMPE AZ 85281

Title SECRETARY
Name MOORE, KATHRYN
Address 1720 W. RIO SALADO PKWY
City-State-Zip: TEMPE AZ 85281

Title TREASURER
Name GAUDREAU, DANIEL
Address 1720 W. RIO SALADO PKWY
City-State-Zip: TEMPE AZ 85281

Title COO, DIRECTOR
Name SAUNDERS, JOAN
Address 1720 W. RIO SALADO PKWY
City-State-Zip: TEMPE AZ 85281

Title DIRECTOR
Name BACHINSKY, COLIN
Address 1720 W. RIO SALADO PKWY
City-State-Zip: TEMPE AZ 85281

Title OFFICER
Name ROSS, RICHARD
Address 1720 W. RIO SALADO PKWY
City-State-Zip: TEMPE AZ 85281

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: JOAN SAUNDERS

COO

03/04/2016

Electronic Signature of Signing Officer/Director Detail_____
Date