

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000005146

**FILED**  
**Jan 11, 2019**  
**Secretary of State**  
**4119163257CC**

**Entity Name:** PALOMAR INSURANCE CORPORATION

**Current Principal Place of Business:**

4525 EXECUTIVE PARK DRIVE  
SUITE 202  
MONTGOMERY, AL 36116

**Current Mailing Address:**

4525 EXECUTIVE PARK DRIVE  
SUITE 202  
MONTGOMERY, AL 36116 US

**FEI Number:** 63-0346774

**Certificate of Status Desired:** No

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

BUSINESS FILINGS INCORPORATED  
1200 SOUTH PINE ISLAND ROAD  
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:** MARK WILLIAMS

01/11/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name SKIPPER, LEN  
Address 4525 EXECUTIVE PARK DRIVE SUITE 202  
City-State-Zip: MONTGOMERY AL 36116

Title DIRECTOR  
Name CRAFT, TONY  
Address 4525 EXECUTIVE PARK DRIVE SUITE 202  
City-State-Zip: MONTGOMERY AL 36116

Title PRESIDENT  
Name CRAFT, TONY  
Address 4525 EXECUTIVE PARK DRIVE SUITE 202  
City-State-Zip: MONTGOMERY AL 36116

Title VICE-PRESIDENT  
Name SKIPPER, RICHARD  
Address P. O. DRAWER 1098  
City-State-Zip: JACKSON AL 36545

Title SECRETARY  
Name SKIPPER, DAVID  
Address P. O. BOX 1098  
City-State-Zip: JACKSON AL 36545

Title TREASURER  
Name SKIPPER, DAVID  
Address P. O. BOX 1098  
City-State-Zip: JACKSON AL 36545

*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:** TONY CRAFT

**DIRECTOR**

01/11/2019

Electronic Signature of Signing Officer/Director Detail

Date