

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000005146

Entity Name: PALOMAR INSURANCE CORPORATION

Current Principal Place of Business:

7480 HALCYON POINTE DR
SUITE 200
MONTGOMERY, AL 36117

Current Mailing Address:

7480 HALCYON POINTE DR
SUITE 200
MONTGOMERY, AL 36117 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

02/09/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name SKIPPER, LEN
Address 7480 HALCYON POINTE DR
SUITE 200
City-State-Zip: MONTGOMERY AL 36117

Title DIRECTOR
Name CRAFT, TONY
Address 7480 HALCYON POINTE DR
SUITE 200
City-State-Zip: MONTGOMERY AL 36117

Title PRESIDENT
Name CRAFT, TONY
Address 7480 HALCYON POINTE DR
SUITE 200
City-State-Zip: MONTGOMERY AL 36117

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

PRESIDENT

02/09/2024

Electronic Signature of Signing Officer/Director Detail

Date