# 2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000005114

Entity Name: INSURANCEZEBRA, INC.

# **Current Principal Place of Business:**

98 SAN JACINTO BLVD STE 2000 AUSTIN, TX 78701

# **Current Mailing Address:**

98 SAN JACINTO BLVD STE 2000 AUSTIN, TX 78701 US

# FEI Number: NOT APPLICABLE

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 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:

Electronic Signature of Registered Agent

## **Officer/Director Detail :**

	Title	TREASURER / CFO	Title	SECRETARY
	Name	LYONS, ADAM	Name	LYONS, ADAM
	Address	98 SAN JACINTO BLVD STE 2000	Address	98 SAN JACINTO BLVD STE 2000
	City-State-Zip:	AUSTIN TX 78701	City-State-Zip:	AUSTIN TX 78701
	Title	PRESIDENT / CEO	Title	DIRECTOR
	Name	LYONS, ADAM	Name	LYONS, ADAM
	Address	98 SAN JACINTO BLVD	Address	98 SAN JACINTO BLVD
		STE 2000	, lucioco	STE 2000
	City-State-Zip:		City-State-Zip:	

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: ADAM LYONS

PRESIDENT / CEO

04/12/2017

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

Date

Date