

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F22000000328

**Entity Name:** CSAA INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

3055 OAK ROAD  
WALNUT CREEK, CA 94597

**Current Mailing Address:**

3055 OAK ROAD  
WALNUT CREEK, CA 94597 US

**FEI Number:** 46-4417209

**Certificate of Status Desired:** No

**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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title CHMN  
Name TROY, THOMAS  
Address 3055 OAK ROAD  
City-State-Zip: WALNUT CREEK CA 94597

Title DRTR  
Name HECHT, ANDREA  
Address 3055 OAK ROAD  
City-State-Zip: WALNUT CREEK CA 94597

Title DRSC  
Name ZUKERMAN, MICHAEL  
Address 3055 OAK ROAD  
City-State-Zip: WALNUT CREEK CA 94597

Title ASSISTANT SECRETARY  
Name COLLINS, CARRIE  
Address 3055 OAK ROAD  
City-State-Zip: WALNUT CREEK CA 94597

Title ASSISTANT SECRETARY  
Name EVANS, KATHERINE  
Address 3055 OAK ROAD  
City-State-Zip: WALNUT CREEK CA 94597

Title ASSISTANT VICE PRESIDENT  
Name STURM, CHARLES ROBERT  
Address 3055 OAK ROAD  
City-State-Zip: WALNUT CREEK CA 94597

*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:** CARRIE COLLINS

**ASSISTANT SECRETARY 04/20/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date