

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13745

**Entity Name:** BASIC AMERICAN, INC.

**Current Principal Place of Business:**

2999 OAK RD  
SUITE 800  
WALNUT CREEK, CA 94597

**Current Mailing Address:**

2999 OAK RD  
SUITE 800  
WALNUT CREEK, CA 94597 US

**FEI Number:** 94-1318402

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 P  
Name REESE, BRYAN W.  
Address 2999 OAK RD  
SUITE 800  
City-State-Zip: WALNUT CREEK CA 94597

Title CFO  
Name COLLINS, JAMES D  
Address 2999 OAK RD  
SUITE 800  
City-State-Zip: WALNUT CREEK CA 94597

Title VP, SECRETARY  
Name ANDERSON, JENNIFER A  
Address 2999 OAK RD  
SUITE 800  
City-State-Zip: WALNUT CREEK CA 94597

Title T  
Name NEEL, AMANDA E.  
Address 2999 OAK RD  
SUITE 800  
City-State-Zip: WALNUT CREEK CA 94597

Title ASSISTANT SECRETARY, ASSISTANT  
TREASURER  
Name STAV, CHRISTINE M  
Address 2999 OAK RD  
SUITE 800  
City-State-Zip: WALNUT CREEK CA 94597

Title ASSISTANT SECRETARY, ASSISTANT  
TREASURER  
Name CHEN, JUDY  
Address 2999 OAK RD  
SUITE 800  
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:** CHRISTINE M STAV

**ASST SECRETARY, ASST** 03/02/2022  
**TREASURER**

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

\_\_\_\_\_  
Date