



0004836194

**STATE OF IDAHO***Office of the secretary of state, Lawrence Denney***ANNUAL REPORT**

Idaho Secretary of State
PO Box 83720
Boise, ID 83720-0080
(208) 334-2301
Filing Fee: \$0.00

For Office Use Only

-FILED-

File #: 0004836194

Date Filed: 8/1/2022 1:03:57 PM

Entity Name and Mailing Address:

Entity Name: ALTERIS INSURANCE SERVICES, INC.
Foreign Name (name in home jurisdiction): ALTERIS INSURANCE SERVICES, INC.
The file number of this entity on the records of the Idaho Secretary of State is: 0000580143
Address: REGULATORY COMPLIANCE
PO BOX 469011
SAN ANTONIO, TX 78246-9011

Entity Details:

Entity Status: Active-Good Standing
This entity is organized under the laws of: MASSACHUSETTS
If applicable, the old file number of this entity on the records of the Idaho Secretary of State was: C192160

The registered agent on record is:

Registered Agent: CORPORATION SERVICE COMPANY
Commercial Registered Agent
Physical Address
1305 12TH AVE RD
NAMPA, ID 83686
Mailing Address
1305 12TH AVE RD
NAMPA, ID 83686

Agent or Address Change

☐ Select if you are appointing a new agent.

Corporate Officers and Directors:

| Name | Title | Business Address |
|--|-----------|---|
| <input checked="" type="checkbox"/> Lynn K Geurin | Treasurer | REGULATORY COMPLIANCE 175 E HOUSTON ST 11TH FL SAN ANTONIO, TX 78205 |
| <input checked="" type="checkbox"/> Kyle A Struble | Director | REGULATORY COMPLIANCE 501 7TH AVE 7TH FL NEW YORK, NY 10018 |
| <input checked="" type="checkbox"/> Austin King | Secretary | REGULATORY COMPLIANCE 175 E HOUSTON ST 11TH FL SAN ANTONIO, TX 78205 |
| Gary Grose | President | REGULATORY COMPLIANCE 225 W WASHINGTON ST 24TH FL CHICAGO, IL 60606 |



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|------------------|----------|--|
| Gary Grose | Director | REGULATORY COMPLIANCE 225 W WASHINGTON ST 24TH FL CHICAGO, IL 60606 |
| Frank Mike-Mayer | Director | REGULATORY COMPLIANCE 2000 WATERVIEW DR STE 102 HAMILTON TOWNSHIP, NJ 08691 |

The annual report must be signed by an authorized signer of the entity.
Job Title: Secretary

Austin King 08/01/2022

Sign Here _____ Date _____