

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H86865

Entity Name: RAINCROSS INSURANCE, INC.**Current Principal Place of Business:**9800 4TH STREET NORTH
SUITE 400
ST. PETERSBURG, FL 33702**Current Mailing Address:**9800 4TH STREET NORTH
SUITE 400
ST. PETERSBURG, FL 33702 US**FEI Number:** 59-2779052**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WOLF, BOYD H
9800 4TH STREET NORTH
SUITE 400
ST PETERSBURG, FL 33702 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	CFO
Name	WALL, KEVIN
Address	9800 4TH STREET NORTH SUITE 400
City-State-Zip:	ST. PETERSBURG FL 33702

Title	SECRETARY
Name	WOLF, BOYD
Address	9800 4TH STREET NORTH SUITE 400
City-State-Zip:	ST. PETERSBURG FL 33702

Title	CEO
Name	SACKETT, MATT
Address	9800 4TH STREET NORTH SUITE 400
City-State-Zip:	ST. PETERSBURG FL 33702

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: BOYD WOLF**SECRETARY****04/30/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date