

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000006969

**Entity Name:** CORNERSTONE EDUCATORS INSURANCE INC

**Current Principal Place of Business:**

3412 W BAY TO BAY BLVD  
SUITE F  
TAMPA, FL 33629

**Current Mailing Address:**

3412 W BAY TO BAY BLVD  
SUITE F  
TAMPA, FL 33629 US

**FEI Number:** 46-4623360

**Certificate of Status Desired:** No

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

HOGAN, TODD  
4934 W BAY WAY DR  
TAMPA, FL 33629 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                 | Title           | VP                |
| Name            | HOGAN, TODD       | Name            | HOGAN, JESSICA S  |
| Address         | 4934 W BAY WAY DR | Address         | 4934 W BAY WAY DR |
| City-State-Zip: | TAMPA FL 33629    | City-State-Zip: | TAMPA FL 33629    |

*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:** TODD HOGAN

**OWNER**

**01/29/2021**

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

\_\_\_\_\_  
Date