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 C. HOGAN

Electronic Signature of Signing Officer/Director Detail

Current Principal Place of Business: 3412 W BAY TO BAY BLVD

TAMPA, FL 33629

Current Mailing Address:

DOCUMENT# P1400006969

3412 W BAY TO BAY BLVD TAMPA FL 33629 US

FEI Number: 46-4623360

Name and Address of Current Registered Agent:

HOGAN, TODD 5008 W DANTE AVE 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 S

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: CORNERSTONE EDUCATORS INSURANCE INC

Officer/Director Detail :

Title	Р	Title	VP
Name	HOGAN, TODD	Name	HOGAN, JESSICA S
Address	5008 W DANTE AVE	Address	5008 W DANTE AVE
City-State-Zip:	TAMPA FL 33629	City-State-Zip:	TAMPA FL 33629

Signature of Registered Agent		

PRESIDENT

Certificate of Status Desired: No

FILED Mar 10, 2016 Secretary of State CC9791786053

Date

03/10/2016 Date