

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P35007

Entity Name: COREPOINTE INSURANCE AGENCY, INC**Current Principal Place of Business:**903 NW 65TH STREET
SUITE 300
BOCA RATON, FL 33487**Current Mailing Address:**800 SUPERIOR AVE E.
21ST FL
CLEVELAND, OH 44114 US**FEI Number:** 38-2962289**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	PRESIDENT, DIRECTOR
Name	FOY, CHRISTOPHER
Address	59 MAIDEN LANE 43RD FL
City-State-Zip:	NEW YORK NY 10038

Title	DIRECTOR, TREASURER
Name	SCHLACHTER, HARRY
Address	59 MAIDEN LANE, 42ND FL
City-State-Zip:	NEW YORK NY 10038

Title	VP, SECRETARY, DIRECTOR
Name	MOSES, BARRY
Address	800 SUPERIOR AVENUE
City-State-Zip:	CLEVELAND OH 44114

Title	ASSISTANT VICE PRESIDENT
Name	GEDNEY, MICHELLE
Address	201 S. COLLEGE ST., SUITE 1400
City-State-Zip:	CHARLOTTE NC 28244

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: BARRY MOSES**SECRETARY****04/28/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date