

**2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 821403

**Entity Name:** COREPOINTE INSURANCE COMPANY**Current Principal Place of Business:**903 NW 65TH STREET SUITE 300  
BOCA RATON, FL 33487**Current Mailing Address:**800 SUPERIOR AVENUE E 21ST FLOOR  
CLEVELAND, OH 44114 US**FEI Number:** 38-1775863**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER  
200 E GAINES ST.  
TALLAHASSEE, FL 32399 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 DIRECTOR  
Name GREENSTEIN, EVAN MARC  
Address 59 MAIDEN LANE 43RD FLOOR  
City-State-Zip: NEW YORK NY 10038

Title DIRECTOR  
Name FENSTER, JEFFREY ROBERT  
Address 59 MAIDEN LANE 43RD FLOOR  
City-State-Zip: NEW YORK NY 10038

Title CHIEF ACTUARY  
Name MAYER, JEFFREY HOWARD  
Address 59 MAIDEN LANE 43RD FLOOR  
City-State-Zip: NEW YORK NY 10038

Title DIRECTOR  
Name FISCH, SUSAN CAROL  
Address 59 MAIDEN LANE 43RD FLOOR  
City-State-Zip: NEW YORK NY 10038

Title DIRECTOR, PRESIDENT  
Name FOY, CHRISTOPHER HAROLD  
Address 59 MAIDEN LANE 43RD FLOOR  
City-State-Zip: NEW YORK NY 10038

Title DIRECTOR, SECRETARY  
Name UNGAR, STEPHEN BARRY  
Address 59 MAIDEN LANE 43RD FLOOR  
City-State-Zip: NEW YORK NY 10038

Title DIRECTOR  
Name DECARLO, DONALD THOMAS  
Address 59 MAIDEN LANE 43RD FLOOR  
City-State-Zip: NEW YORK NY 10038

Title DIRECTOR  
Name SEROCK, MARK GEORGE  
Address 59 MAIDEN LANE 43RD FLOOR  
City-State-Zip: NEW YORK NY 10038

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*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:** STEPHEN BARRY UNGAR**SECRETARY, BY JASMINE 04/30/2025**  
**JONES ATTORNEY-IN-**  
**FACT**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           VP, SENIOR REGULATORY COUNSEL,  
                  ASSISTANT SECRETARY  
Name           CLARK, JANIE VANESSA  
Address        800 SUPERIOR AVENUE E 21ST FLOOR  
City-State-Zip: CLEVELAND OH 44114

Title           TREASURER  
Name           CAULFIELD, JUSTIN JEROME WALLS  
Address        59 MAIDEN LANE  
                  43RD FLOOR  
City-State-Zip: NEW YORK NY 10038