

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000814

Entity Name: PENTEGRA INSURANCE AGENCY, INC.**Current Principal Place of Business:**701 WESTCHESTER AVE.
SUITE 320E
WHITE PLAINS, NY 10604**Current Mailing Address:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US**FEI Number:** 13-3892096**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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:** HOLLY JONES

04/25/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name PINTO, JOHN E
Address 701 WESTCHESTER AVE.
SUITE 320E
City-State-Zip: WHITE PLAINS NY 10604

Title VP
Name HUGHES, STEPHEN A
Address 701 WESTCHESTER AVE.
SUITE 320E
City-State-Zip: WHITE PLAINS NY 10604

Title TREASURER
Name SORRENTINO, CHARLES
Address 701 WESTCHESTER AVE.
SUITE 320E
City-State-Zip: WHITE PLAINS NY 10604

Title DIRECTOR
Name ALIN, ROBERT D
Address 701 WESTCHESTER AVE.
SUITE 320E
City-State-Zip: WHITE PLAINS NY 10604

Title PRESIDENT
Name RAUSSER, RICHARD W.
Address 701 WESTCHESTER AVE.
SUITE 320E
City-State-Zip: WHITE PLAINS NY 10604

Title VP
Name COLDWELL, CHARLES W
Address 701 WESTCHESTER AVE.
SUITE 320E
City-State-Zip: WHITE PLAINS NY 10604

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: ROBERT D ALIN

DIRECTOR

04/25/2022

Electronic Signature of Signing Officer/Director Detail

Date