

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000002882

Entity Name: EDUCATORS INSURANCE AGENCY, INC.

Current Principal Place of Business:

440 LINCOLN STREET
WORCESTER, MA 01653

Current Mailing Address:

440 LINCOLN STREET
WORCESTER, MA 01653

FEI Number: 27-2400275

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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, EVP, ASST. SECRETARY
Name HUBER, J. KENDALL
Address 440 LINCOLN STREET
City-State-Zip: WORCESTER MA 01653

Title DIRECTOR, PRESIDENT
Name LAVEY, RICHARD W
Address 440 LINCOLN STREET
City-State-Zip: WORCESTER MA 01653

Title SECRETARY, VP
Name CRONIN, CHARLES F
Address 440 LINCOLN STREET
City-State-Zip: WORCESTER MA 01653

Title DIRECTOR
Name WELZENBACH, MARK J
Address 440 LINCOLN STREET
City-State-Zip: WORCESTER MA 01653

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: CHARLES F. CRONIN

SECRETARY

04/16/2019

Electronic Signature of Signing Officer/Director Detail

Date