

No. C 123805		Due no later than Apr 30, 2018		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. COREPOINTE INSURANCE AGENCY, INC. KAYLIN MCCOY 800 SUPERIOR AVENUE 21ST FL CLEVELAND OH 44114		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
VICE PRESIDENT	CHRISTOPHER FOY	400 EXECUTIVE BLVD 4TH FLOOR	SOUTHINGTON	CT	USA	06489	
DIRECTOR	HARRY SCHLACHTER	59 MAIDEN LANE 42ND FL	NEW YORK	NY	USA	10038	
TREASURER	HARRY SCHLACHTER	59 MAIDEN LANE 42ND FL	NEW YORK	NY	USA	10038	
PRESIDENT	JAMES HAAN	401 S. OLD WOODWARD AVENUE SUITE 300	BIRMINGHAM	MI	USA	48009	
DIRECTOR	BARRY MOSES	800 SUPERIOR AVE. E. 21ST FL	CLEVELAND	OH	USA	44114	
SECRETARY	BARRY MOSES	800 SUPERIOR AVE E 21ST FL	CLEVELAND	OH	USA	44114	
VICE PRESIDENT	BARRY MOSES	800 SUPERIOR AVE 21ST	CLEVELAND	OH	USA	44114	
DIRECTOR	MICHAEL SAXON	800 SUPERIOR AVE. E. 21ST FL	CLEVELAND	OH	USA	44114	
5. Organized Under the Laws of: MI C 123805		6. Annual Report must be signed.* Signature: Barry Moses Name (type or print): Barry Moses Date: 04/12/2018 Title: Secretary					
Processed 04/12/2018		* Electronically provided signatures are accepted as original signatures.					