| State of Rhode Island Fe Office of the Secretary of State | | | | | | | |
|--|---|-----------------------------|---------------------|--|--|--|--|
| Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040 | | | | | | | |
| Foreign Business Corpor Annual Report Filing Period: February 1 - May 1 | ation | | | | | | |
| In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00. | | | | | | | |
| ANNUAL REPORT YEAR: 2022 | 2 | | | | | | |
| 1. Corporate ID No. 000070511 | | | | | | | |
| 2. Name of Corporation CorePointe Insurance Agency, Inc. | | | | | | | |
| 3. Street Address Principal Bu | siness Office: | | | | | | |
| SUITE 30 | | EL - 22407 | | | | | |
| City or Town: BOCA RA | ATON State: | <u>FL</u> Zip: <u>33487</u> | Country: <u>USA</u> | | | | |
| 4. Business Phone No. | | | | | | | |
| 5. State of Incorporation | | | | | | | |
| State: <u>MI</u> | | | | | | | |
| | ARTICLE III | | | | | | |
| Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online. | | | | | | | |
| <u>524210</u> | | | | | | | |
| | 6. Brief Description of the Character of Business Conducted in Rhode Island | | | | | | |
| 6. Brief Description of the Cha | racter of Business Conducted | l in Rhode Island | | | | | |
| TO ACT AS A CAPTIVE IN | | | IPLEMENTING | | | | |
| | SURANCE AGENCY SUPP | ORTING AND COM | | | | | |
| <u>TO ACT AS A CAPTIVE IN</u> <u>THE</u> | SURANCE AGENCY SUPP F ITS 100% OWNER, CORF | ORTING AND COM | | | | | |
| TO ACT AS A CAPTIVE IN THE INSURANCE BUSINESS O | SURANCE AGENCY SUPP F ITS 100% OWNER, CORF e Officers and Directors: | ORTING AND COM | | | | | |

| PRESIDENT | CHRISTOPHER FOY | 59 MAIDEN LANE, 43RD FL NEW YORK, NY 10038 USA |
|--------------------------|-------------------|---|
| SECRETARY | BARRY MOSES | 800 SUPERIOR AVE, 21ST FL CLEVELAND, OH 44114 USA |
| VICE PRESIDENT | BARRY MOSES | 800 SUPERIOR AVE E, 21ST FL CLEVELAND , OH 44114 USA |
| ASSISTANT VICE PRESIDENT | MICHELLE GEDNEY | 201 S. COLLEGE ST., SUITE 1400 CHARLOTTE, NC 28244 USA |
| TREASURER/DIRECTOR | ELLEN KUNKEL DION | 903 NW 65TH STREET SUITE 300 BOCA RATON, FL 33487 UNI |
| DIRECTOR | BARRY MOSES | 800 SUPERIOR AVENUE, 21ST FL CLEVELAND, OH 44114 USA |
| DIRECTOR | CHRISTOPHER FOY | 59 MAIDEN LANE, 43RD FL NEW YORK, NY 10038 USA |

8. Shares Authorized and Issued

| Class of Stock | Series of Stock | Par Value Per Share | Total Authorized Shares Number of Shares | Total Issued and Outstanding <i>Num of</i> <i>Shares</i> |
|----------------|-----------------|---------------------|--|--|
| CNP | | \$0.0000 | 100.00 | 100 |

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 28 Day of April, 2022 at 8:58:29 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By BARRY MOSES

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

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