

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002653

Entity Name: HCC SPECIALTY UNDERWRITERS, INC.

Current Principal Place of Business:

401EDGEWATER PLACE SUITE 400
WAKEFIELD, MA 01880

Current Mailing Address:

401EDGEWATER PLACE SUITE 400
WAKEFIELD, MA 01880 US

FEI Number: 04-2748570

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

FILED
May 30, 2020
Secretary of State
7007563851CC

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 CEO
Name OVERLAN, MATTHEW C.
Address 401EDGEWATER PLACE SUITE 400
City-State-Zip: WAKEFIELD MA 01880

Title CFO
Name MANGINI, JEFFREY F.
Address 401EDGEWATER PLACE SUITE 400
City-State-Zip: WAKEFIELD MA 01880

Title VP
Name BOURAS, KATHRYN M.
Address 401EDGEWATER PLACE SUITE 400
City-State-Zip: WAKEFIELD MA 01880

Title VP
Name DIGREGORIO, DEBORAH S.
Address 401EDGEWATER PLACE SUITE 400
City-State-Zip: WAKEFIELD MA 01880

Title VP
Name FISHER, SEAN
Address 401EDGEWATER PLACE SUITE 400
City-State-Zip: WAKEFIELD MA 01880

Title VP
Name IACOBELL, SHELLY L.
Address 401EDGEWATER PLACE SUITE 400
City-State-Zip: WAKEFIELD MA 01880

Title VP
Name RAY, JOYCELYN M.
Address 401EDGEWATER PLACE SUITE 400
City-State-Zip: WAKEFIELD MA 01880

Title VP
Name RINICELLA, RANDY D.
Address 401EDGEWATER PLACE SUITE 400
City-State-Zip: WAKEFIELD MA 01880

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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: ALEXANDER LUDLOW

SECRETARY

05/30/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP, TREASURER
Name LEE, JONATHAN
Address 401EDGEWATER PLACE SUITE 400
City-State-Zip: WAKEFIELD MA 01880

Title VP
Name LUDLOW, ALEXANDER
Address 401EDGEWATER PLACE SUITE 400
City-State-Zip: WAKEFIELD MA 01880

Title DIRECTOR
Name BROCK, SHARON
Address 401EDGEWATER PLACE SUITE 400
City-State-Zip: WAKEFIELD MA 01880

Title DIRECTOR
Name RIVERA, SUSAN
Address 401EDGEWATER PLACE SUITE 400
City-State-Zip: WAKEFIELD MA 01880

Title SECRETARY
Name LUDLOW, ALEXANDER
Address 401EDGEWATER PLACE SUITE 400
City-State-Zip: WAKEFIELD MA 01880

Title PRESIDENT
Name CURTIN, SEAN T
Address 401EDGEWATER PLACE SUITE 400
City-State-Zip: WAKEFIELD MA 01880

Title DIRECTOR
Name HUBBARD, WILLIAM F.
Address 401EDGEWATER PLACE SUITE 400
City-State-Zip: WAKEFIELD MA 01880

Title DIRECTOR
Name WEIST, THOMAS E.
Address 401EDGEWATER PLACE SUITE 400
City-State-Zip: WAKEFIELD MA 01880