## 2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002653

Entity Name: HCC SPECIALTY UNDERWRITERS, INC.

**Current Principal Place of Business:** 

401 EDGEWATER PLACE SUITE 400

WAKEFIELD, MA 01880

## **Current Mailing Address:**

**401 EDGEWATER 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

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

**FILED** Apr 04, 2018

**Secretary of State** 

CC1579029168

## Officer/Director Detail:

**DIRECTOR** Title Title DIRECTOR WILLIAMS, CHRISTOPHER J.B. Name Name IRICK, BRAD T.

Address 25510 RIVER ROAD Address 13403 NORTHWEST FREEWAY

City-State-Zip: HOUSTON TX 77040 City-State-Zip: CLOVERDALE CA 95425

**SECRETARY** Title Title DIRECTOR

HUBBARD, WILLIAM F. Name LUDLOW, ALEXANDER Name

13403 NORTHWEST FREEWAY Address **401 EDGEWATER PLACE** Address

SUITE 400

City-State-Zip: HOUSTON TX 77040 City-State-Zip: WAKEFIELD MA 01880

Title **PRESIDENT** 

Title **TREASURER** Name HUBBARD, WILLIAM F. LEE, JONATHAN Name

Address **401 EDGEWATER PLACE** Address

13403 NORTHWEST FREEWAY SUITE 400

City-State-Zip: WAKEFIELD MA 01880 City-State-Zip: HOUSTON TX 77040

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** 

04/04/2018