## **2019 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

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 Mar 27, 2019

**Secretary of State** 

0512884806CC

Officer/Director Detail:

Title PRESIDENT & CHIEF UNDERWRITING

OFFICER - CONTINGENCY AND SHEL

Name

Name CURTIN, SEAN T.

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 IACOBELL, SHELLY L.

Address 401EDGEWATER PLACE

SUITE 400

City-State-Zip: WAKEFIELD MA 01880

Title VICE PRESIDENT & ASSISTANT

SECRETARY

Name RINICELLA, RANDY D.

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 FISHER, SEAN

Address 401EDGEWATER PLACE

SUITE 400

City-State-Zip: WAKEFIELD MA 01880

Title VICE PRESIDENT & ASSISTANT

SECRETARY

Name RAY, JOYCELYN M.

Address 401EDGEWATER PLACE

SUITE 400

City-State-Zip: WAKEFIELD MA 01880

Title VICE PRESIDENT & TREASURER

Name LEE, JONATHAN

Address 401EDGEWATER PLACE

SUITE 400

City-State-Zip: WAKEFIELD MA 01880

## Continues on page 2

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 03/27/2019

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

VP & CLERK Title Title **SECRETARY** 

Name LUDLOW, ALEXANDER Name LUDLOW, ALEXANDER

Address **401EDGEWATER PLACE** Address 401EDGEWATER PLACE

SUITE 400 SUITE 400

WAKEFIELD MA 01880 WAKEFIELD MA 01880 City-State-Zip: City-State-Zip:

Title DIRECTOR Title DIRECTOR

HUBBARD, WILLIAM F. Name IRICK, BRAD T. Name Address

**401EDGEWATER PLACE** Address 401EDGEWATER PLACE

SUITE 400 SUITE 400

WAKEFIELD MA 01880 City-State-Zip: WAKEFIELD MA 01880 City-State-Zip:

DIRECTOR Title

SUITE 400

RIVERA, SUSAN

**401EDGEWATER PLACE** 

Name

Address

City-State-Zip: WAKEFIELD MA 01880