

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000533

Entity Name: ASSURANT, INC.**Current Principal Place of Business:**260 INTERSTATE NORTH CIRCLE SE
ATLANTA, GA 30339**Current Mailing Address:**260 INTERSTATE NORTH CIRCLE SE
ATLANTA, GA 30339 US**FEI Number:** 39-1126612**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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

Officer/Director Detail :

Title SECRETARY
Name WISK, MARIANA
Address 260 INTERSTATE NORTH CIRCLE SE
City-State-Zip: ATLANTA GA 30339

Title DIRECTOR
Name PERRY, DEBRA J
Address 260 INTERSTATE NORTH CIRCLE SE
City-State-Zip: ATLANTA GA 30339

Title DIRECTOR
Name CARTER, J. BRAXTON
Address 260 INTERSTATE NORTH CIRCLE SE
City-State-Zip: ATLANTA GA 30339

Title DIRECTOR
Name ALVES, PAGET L
Address 260 INTERSTATE NORTH CIRCLE SE
City-State-Zip: ATLANTA GA 30339

Title DIRECTOR
Name REDZIC, OGNJEN
Address 260 INTERSTATE NORTH CIRCLE SE
City-State-Zip: ATLANTA GA 30339

Title DIRECTOR, PRESIDENT
Name DEMMINGS, KEITH WARNER
Address 260 INTERSTATE NORTH CIRCLE SE
City-State-Zip: ATLANTA GA 30339

Title DIRECTOR
Name GRANAT, SARI
Address 260 INTERSTATE NORTH CIRCLE SE
City-State-Zip: ATLANTA GA 30339

Title DIRECTOR
Name EDELMAN, HARRIET
Address 260 INTERSTATE NORTH CIRCLE SE
City-State-Zip: ATLANTA GA 30339

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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: MARIANA WISK**SECRETARY****04/16/2023**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ROSEN, ELAINE D
Address 260 INTERSTATE NORTH CIRCLE SE
City-State-Zip: ATLANTA GA 30339

Title DIRECTOR
Name CENTO, JUAN N
Address 260 INTERSTATE NORTH CIRCLE SE
City-State-Zip: ATLANTA GA 30339

Title DIRECTOR
Name REILLY, PAUL J
Address 260 INTERSTATE NORTH CIRCLE SE
City-State-Zip: ATLANTA GA 30339

Title TREASURER
Name SIEB, MARK EDWARD
Address 260 INTERSTATE NORTH CIRCLE SE
City-State-Zip: ATLANTA GA 30339

Title DIRECTOR
Name MONTUPET, JEAN-PAUL L
Address 260 INTERSTATE NORTH CIRCLE SE
City-State-Zip: ATLANTA GA 30339

Title DIRECTOR
Name STEIN, ROBERT W
Address 260 INTERSTATE NORTH CIRCLE SE
City-State-Zip: ATLANTA GA 30339

Title DIRECTOR
Name JACKSON, LAWRENCE V
Address 260 INTERSTATE NORTH CIRCLE SE
City-State-Zip: ATLANTA GA 30339