

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003441

Entity Name: SPECIALTY EQUIPMENT INSURANCE SERVICES, INC.

Current Principal Place of Business:

1 SOUTH WACKER DRIVE
SUITE 2180
CHICAGO, IL 60606

Current Mailing Address:

2200 HIGHWAY 121
SUITE 100
BEDFORD, TX 76021 US

FEI Number: 39-1867188

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 VICE PRESIDENT, DIRECTOR
Name JAMES, ROBERT
Address 909 THIRD AVE
33RD FL
City-State-Zip: NEW YORK NY 10022

Title SECRETARY, DIRECTOR, VP
Name ROBB, TIMOTHY
Address 909 THIRD AVE
33RD FL
City-State-Zip: NEW YORK NY 10022

Title TREASURER, VP
Name MULLOY, ERIN
Address 909 THIRD AVENUE, 33RD FLOOR
City-State-Zip: NEW YORK NY 10022

Title PRESIDENT
Name KOCOUREK, DAVID
Address 10411 CORPORATE DR., STE 200
City-State-Zip: PLEASANT PRAIRIE WI 53158

Title VICE PRESIDENT
Name ROGERS, MICHAEL T.
Address 1605 MAIN STREET
SUITE 800
City-State-Zip: SARASOTA FL 34236

Title ASSISTANT SECRETARY
Name LUNT, AARON
Address 1 SOUTH WACKER DRIVE
SUITE 2180
City-State-Zip: CHICAGO IL 60606

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: AARON LUNT

ASSISTANT SECRETARY 04/20/2021

Electronic Signature of Signing Officer/Director Detail

Date