

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000004835

**Entity Name:** CUMIS SPECIALTY INSURANCE COMPANY, INC.**Current Principal Place of Business:**2000 HERITAGE WAY  
WAVERLY, IA 50677**Current Mailing Address:**5910 MINERAL POINT RD  
MADISON, WI 53705 US**FEI Number:** 20-5548208**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
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**Officer/Director Detail :**

Title	DIRECTOR
Name	ISAACSON, JAY ALLEN
Address	5910 MINERAL POINT RD
City-State-Zip:	MADISON WI 53705

Title	PRESIDENT
Name	COPELAND, CHRISTOPHER JUDD
Address	5910 MINERAL POINT RD
City-State-Zip:	MADISON WI 53705

Title	SECRETARY
Name	BARBATO, PAUL D
Address	5910 MINERAL POINT RD
City-State-Zip:	MADISON WI 53705

Title	TREASURER
Name	BORAKOVE, BRIAN
Address	5910 MINERAL POINT RD
City-State-Zip:	MADISON WI 53705

Title	VP, CONTROLLER
Name	KARLS, WILLIAM ANTON
Address	5910 MINERAL POINT RD
City-State-Zip:	MADISON WI 53705

Title	DIRECTOR
Name	KRAUS-FLORIN, JENNIFER MARIE
Address	5910 MINERAL POINT RD
City-State-Zip:	MADISON WI 53705

*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: PAUL D BARBATO****SECRETARY****03/08/2024**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date