

2019 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	D
Name	DEFNET, MICHAEL
Address	5910 MINERAL POINT RD
City-State-Zip:	MADISON WI 53705

Title	P
Name	POWER, JAMES
Address	5910 MINERAL POINT RD
City-State-Zip:	MADISON WI 53705

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

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

Title	DIRECTOR
Name	ANDERSON, MICHAEL FRANK
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

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 BARBATO**SECRETARY****05/06/2019**

Electronic Signature of Signing Officer/Director Detail

Date