

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F18000003902

**Entity Name:** GLENCAR INSURANCE COMPANY**Current Principal Place of Business:**200 SOUTH ORANGE AVENUE, SUITE 1900  
ORLANDO, FL 32801**Current Mailing Address:**200 SOUTH ORANGE AVENUE, SUITE 1900  
ORLANDO, FL 32801 US**FEI Number:** 47-0498866**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER  
PO BOX 6200  
200 E. GAINES STREET  
TALLAHASSEE, FL 32339 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 PRESIDENT AND DIRECTOR  
Name PAUL FEE, PATRICK  
Address 200 SOUTH ORANGE AVENUE, SUITE 1900  
City-State-Zip: ORLANDO FL 32801

Title CFO, TREASURER AND DIRECTOR  
Name THOMAS PAUL, MICHAEL  
Address 200 SOUTH ORANGE AVENUE, SUITE 1900  
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR  
Name BENEDIKT PICKEL, MICHAEL  
Address 200 SOUTH ORANGE AVENUE, SUITE 1900  
City-State-Zip: ORLANDO FL 32801

Title CHIEF PROGRAM OFFICER  
Name MITCHELL, WILLIAM REAGAN  
Address 500 PARK BLVD, STE 805  
City-State-Zip: ITASCA FL 60413

Title COO, SECRETARY AND DIRECTOR  
Name FRANCES HOOD, CATHERINE  
Address 200 SOUTH ORANGE AVENUE, SUITE 1900  
City-State-Zip: ORLANDO FL 32801

Title CHIEF COMPLIANCE OFFICER  
Name DEL CARMEN VALERIO, YUDELKA  
Address 200 SOUTH ORANGE AVENUE, SUITE 1900  
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR  
Name NMN FREIBOTH, AXEL  
Address 200 SOUTH ORANGE AVENUE, SUITE 1900  
City-State-Zip: ORLANDO FL 32801

Title CHIEF UNDERWRITING OFFICER  
Name O'CONNELL, PATRICIA WETZEL  
Address 500 PARK BLVD, STE 805  
City-State-Zip: ITASCA FL 60413

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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:** YUDELKA DEL CARMEN VALERIOCHIEF COMPLIANCE  
OFFICER

01/17/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title CHIEF CLAIMS OFFICER  
Name STINEMAN, KEVIN MATTHEW  
Address 500 PARK BLVD, STE 805  
City-State-Zip: ITASCA FL 60413

Title CHIEF ACTUARY  
Name ZAREMBA, ARTHUR JERZY  
Address 500 PARK BLVD, STE 805  
City-State-Zip: ITASCA FL 60413