

2021 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

02/01/2021

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 VP
Name LAKUSH, TATYANA
Address 200 SOUTH ORANGE AVENUE, SUITE 1900
City-State-Zip: ORLANDO FL 32801

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