

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F22000005847

Entity Name: CORVUS INSURANCE HOLDINGS, INC.**Current Principal Place of Business:**100 SUMMER STREET STE 1175
BOSTON, MA 02110**Current Mailing Address:**100 SUMMER STREET STE 1175
BOSTON, MA 02110 US**FEI Number: 81-4981134****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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, TREASURER, DIRECTOR
Name TADIKONDA, MADHAV
Address 100 SUMMER STREET STE 1175
City-State-Zip: BOSTON MA 02110

Title SECRETARY
Name JOHNSON, KORI
Address 100 SUMMER STREET STE 1175
City-State-Zip: BOSTON MA 02110

Title DIRECTOR
Name KELLEY, KEVIN
Address 100 SUMMER STREET STE 1175
City-State-Zip: BOSTON MA 02110

Title DIRECTOR
Name RUBIN, ELLEN
Address 100 SUMMER STREET STE 1175
City-State-Zip: BOSTON MA 02110

Title DIRECTOR
Name BROOKS, JOHN GRAHAM
Address 100 SUMMER STREET STE 1175
City-State-Zip: BOSTON MA 02110

Title DIRECTOR
Name SPIRO, DAVID
Address 100 SUMMER STREET STE 1175
City-State-Zip: BOSTON MA 02110

Title DIRECTOR
Name EDMUNDSON, PHILIP
Address 100 SUMMER STREET STE 1175
City-State-Zip: BOSTON MA 02110

Title DIRECTOR
Name BARTRAM, MARCUS
Address 100 SUMMER STREET STE 1175
City-State-Zip: BOSTON MA 02110

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: MADHAV TADIKONDA**PRESIDENT****02/14/2023**

Electronic Signature of Signing Officer/Director Detail

Date