

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00143

Entity Name: NORTH AMERICAN SPECIALTY INSURANCE COMPANY
INCORPORATED**Current Principal Place of Business:**900 ELM STREET
MANCHESTER, NH 03101**Current Mailing Address:**1200 MAIN STREET SUITE 800
KANSAS CITY, MO 64105 US**FEI Number:** 02-0311919**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E GAINES ST
TALLAHASSEE, FL 32399-0000 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 CHAIRMAN
Name GONZALEZ, IVAN J
Address 1301 AVENUE OF THE AMERICAS
City-State-Zip: NEW YORK NY 10019

Title CEO, AND PRESIDENT
Name GONZALEZ, IVAN
Address 1301 AVENUE OF THE AMERICAS
City-State-Zip: NEW YORK NY 10019

Title CFO
Name MALONE, DERYCK
Address 1200 MAIN STREET SUITE 800
City-State-Zip: KANSAS CITY MO 64105

Title DIRECTOR
Name LAFOLLETTE, ROBIN
Address 1200 MAIN STREET SUITE 800
City-State-Zip: KANSAS CITY MO 64105

Title SECRETARY & SENIOR VICE
PRESIDENT
Name KENNY, ELISSA B
Address 175 KING STREET
City-State-Zip: ARMONK NY 10504

Title DIRECTOR
Name O'SULLIVAN, SHARON
Address 175 KING STREET
City-State-Zip: ARMONK NY 10504

Title DIRECTOR
Name MCINERNEY, ELIZABETH
Address 175 KING STREET
City-State-Zip: ARMONK NY 10504

Title DIRECTOR
Name LARocca, MICHAEL
Address 1301 AVENUE OF THE AMERICAS
City-State-Zip: NEW YORK NY 10019

Continues on page 2

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: DERYCK MALONECHIEF FINANCIAL
OFFICER

04/30/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MCGRATH, KATHLEEN ANN
Address 901 LINCOLN DRIVE WEST
SUITE 100
City-State-Zip: MARLTON NJ 08053

Title DIRECTOR
Name LONG, MICHAEL
Address 1301 AVENUE OF THE AMERICAS
City-State-Zip: NEW YORK NY 10019

Title SENIOR VICE PRESIDENT
Name ITO, MICHAEL
Address 1450 AMERICAN LANE SUITE 1100
City-State-Zip: SCHAUMBURG IL 60173

Title DIRECTOR
Name COPPOLA, LAURA
Address 1301 AVENUE OF THE AMERICAS
City-State-Zip: NEW YORK NY 10019

Title DIRECTOR
Name SCAMBOROVA, KATARINA
Address 1301 AVENUE OF THE AMERICAS
City-State-Zip: NEW YORK NY 10019

Title DIRECTOR
Name BOONE, STEPHANIE
Address 100 PINE STREET SUITE 2200
City-State-Zip: SAN FRANCISCO CA 94111

Title SENIOR VICE PRESIDENT
Name ANDERSON, STEVE
Address 1450 AMERICAN LANE SUITE 1100
City-State-Zip: SCHAUMBURG IL 60173

Title VP
Name GOLDBERG, JEFFREY
Address 1450 AMERICAN LANE SUITE 1100
City-State-Zip: SCHAUMBURG IL 60173

Title DIRECTOR
Name SMALLCOMBE, KRISTYN
Address 222 WEST ADAMS ST
SUITE 3000
City-State-Zip: CHICAGO IL 60606