

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P26889

Entity Name: CERITY INSURANCE COMPANY

Current Principal Place of Business:

1325 AVE OF THE AMERICAS
SUITE 2751
NEW YORK, NY 10001

Current Mailing Address:

PO BOX 539003
HENDERSON, NV 89053-9003 US

FEI Number: 13-3531373

Certificate of Status Desired: Yes

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, DIRECTOR
Name MOCKARD, JEANNE L
Address PO BOX 539003
City-State-Zip: HENDERSON NV 89053-9003

Title TREASURER, DIRECTOR
Name PAQUETTE, MICHAEL S
Address PO BOX 539003
City-State-Zip: HENDERSON NV 89053-9003

Title SECRETARY, DIRECTOR
Name BROWN, LORI A
Address PO BOX 539003
City-State-Zip: HENDERSON NV 89053-9003

Title PRESIDENT, CEO, DIRECTOR
Name ANTONELLO, KATHERINE H
Address PO BOX 539003
City-State-Zip: HENDERSON NV 89053-9003

Title DIRECTOR
Name THADANI, SONESH
Address PO BOX 539003
City-State-Zip: HENDERSON NV 89053-9003

Title DIRECTOR
Name SMITH, ANN MARIE
Address PO BOX 539003
City-State-Zip: HENDERSON NV 89053-9003

Title DIRECTOR
Name MUTSCHINK, JOHN M
Address PO BOX 539003
City-State-Zip: HENDERSON NV 89053-9003

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: LORI A. BROWN

SECRETARY

04/11/2024

Electronic Signature of Signing Officer/Director Detail

Date