

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 805810

**Entity Name:** PINNACLE NATIONAL INSURANCE COMPANY

**Current Principal Place of Business:**

1900 L DON DODSON DRIVE  
BEDFORD, TX 76021

**Current Mailing Address:**

1900 L DON DODSON DRIVE  
BEDFORD, TX 76021 US

**FEI Number: 35-0293730**

**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            CEO  
Name            FREEMAN, MATTHEW A.  
Address        1900 L DON DODSON DRIVE  
City-State-Zip: BEDFORD TX 76021

Title            VP, SECRETARY, DIRECTOR,  
                  OFFICER  
Name            CLEFF, DAVID M.  
Address        1900 L DON DODSON DRIVE  
City-State-Zip: BEDFORD TX 76021

Title            DIRECTOR  
Name            RUSSO, ROBIN  
Address        1900 L DON DODSON DRIVE  
City-State-Zip: BEDFORD TX 76021

Title            DIRECTOR, OFFICER  
Name            GRINNAN, RICHARD R.  
Address        1900 L DON DODSON DRIVE  
City-State-Zip: BEDFORD TX 76021

Title            ASSISTANT SECRETARY, OFFICER  
Name            STURGEON, KATHLEEN  
Address        1900 L DON DODSON DRIVE  
City-State-Zip: BEDFORD TX 76021

Title            OFFICER, TREASURER  
Name            BROUSSARD, JUSTIN P.  
Address        1900 L DON DODSON DRIVE  
City-State-Zip: BEDFORD TX 76021

Title            DIRECTOR  
Name            COSTANZO, BRIAN  
Address        1900 L DON DODSON DRIVE  
City-State-Zip: BEDFORD TX 76021

Title            OFFICER, ASST. TREASURER  
Name            NIDERMAIER, EMILY  
Address        1900 L DON DODSON DRIVE  
City-State-Zip: BEDFORD TX 76021

**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: DAVID CLEFF**

**SECRETARY**

**04/05/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title OFFICER, ASST. TREASURER  
Name CASE, CHRISTOPHER  
Address 1900 L DON DODSON DRIVE  
City-State-Zip: BEDFORD TX 76021

Title OFFICER, ASST. SECRETARY  
Name WILLIAMSON, KRISTEN  
Address 1900 L DON DODSON DRIVE  
City-State-Zip: BEDFORD TX 76021