

2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 830530

Entity Name: CRUM & FORSTER INSURANCE BROKERS, INC.**Current Principal Place of Business:**305 MADISON AVE
MORRISTOWN, NJ 07962**Current Mailing Address:**11490 WESTHEIMER ROAD, SUITE 250
HOUSTON, TX 77077 US**FEI Number: 74-1385078****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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
Name ADEE, MARC J
Address 305 MADISON AVE
City-State-Zip: MORRISTOWN NJ 07962

Title DIRECTOR
Name ADEE, MARC JAMES
Address 305 MADISON AVE.
City-State-Zip: MORRISTOWN NJ 07962

Title ASST. VICE PRESIDENT
Name LUNDY, SONJA D
Address 2850 LAKE VISTA DRIVE
City-State-Zip: LEWISVILLE TX 75067

Title ASST. VICE PRESIDENT
Name AMIE, PADDOCK
Address 26600 TELEGRAPH ROAD
City-State-Zip: SOUTHFIELD MI 48033

Title SEC
Name MCTIGUE, MICHAEL
Address 305 MADISON AVE
City-State-Zip: MORRISTOWN NJ 07960

Title ASST. SECRETARY
Name SCALA, SONIA
Address 305 MAIDSON AVE.
City-State-Zip: MORRISTOWN NJ 07962

Title DIRECTOR, CFO, SVP, TREASURER
Name PALADINO, ARLEEN A
Address 305 MADISON AVE
City-State-Zip: MORRISTOWN NJ 07962

Title ASST. VICE PRESIDENT
Name SPENCER, MELODY A
Address 2850 LAKE VISTA DR.
City-State-Zip: LEWISVILLE TX 75067

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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: MARC J. ADEE**PRESIDENT****04/02/2025**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title CONTROLLER
Name SCAGLIONE, CARMIN
Address 305 MADISON AVE
City-State-Zip: MORRISTOWN NJ 07962

Title DIRECTOR
Name MORALES, ALEJANDRO J
Address 305 MADISON AVE
City-State-Zip: MORRISTOWN NJ 07962

Title ASSISTANT VICE PRESIDENT
Name CASKEY, LANCE
Address 2850 LAKE VISTA DRIVE
City-State-Zip: LEWISVILLE TX 75067