

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 840587

**Entity Name:** BLACKBOARD INSURANCE COMPANY

**Current Principal Place of Business:**

1271 AVENUE OF THE AMERICAS  
37TH FLOOR  
NEW YORK, NY 10020

**Current Mailing Address:**

1271 AVENUE OF THE AMERICAS  
37TH FLOOR  
NEW YORK, NY 10020 US

**FEI Number:** 52-0976199

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
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 ASST. SECRETARY  
Name GARCES, JIHAN  
Address 1271 AVENUE OF THE AMERICAS  
37TH FLOOR  
City-State-Zip: NEW YORK NY 10020

Title ASST. SECRETARY  
Name WEIS, CECILE  
Address 1271 AVENUE OF THE AMERICAS  
37TH FLOOR  
City-State-Zip: NEW YORK NY 10020

Title PRESIDENT, DIRECTOR  
Name FLATT, CHRISTOPHER J.  
Address 1271 AVENUE OF THE AMERICAS  
City-State-Zip: NEW YORK NY 10020

Title SECRETARY  
Name KENT, TANYA E.  
Address 1271 AVENUE OF THE AMERICAS  
City-State-Zip: NEW YORK NY 10020

Title TREASURER  
Name KYRIAKAKIS, JONATHAN G.  
Address 1271 AVENUE OF THE AMERICAS  
City-State-Zip: NEW YORK NY 10020

Title DIRECTOR, VP  
Name BRANCA, SALVATORE ANTHONY  
Address 100 CONNELL DRIVE  
City-State-Zip: BERKLEY HEIGHTS NJ 07922

Title DIRECTOR, CFO  
Name CONNOLLY, THOMAS C.  
Address 1271 AVENUE OF THE AMERICAS  
City-State-Zip: NEW YORK NY 10020

Title DIRECTOR  
Name MCDERMOTT, MELISSA  
Address 1271 AVENUE OF THE AMERICAS  
City-State-Zip: NEW YORK NY 10020

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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:** TANYA E. KENT

**SECRETARY**

**04/18/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           VIDOVICH, ANTHONY  
Address        1690 NEW BRITAIN AVE  
City-State-Zip: FARMINGTON CT 06032