

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 855622

**Entity Name:** AGCS MARINE INSURANCE COMPANY

**Current Principal Place of Business:**

225 WEST WASHINGTON STREET  
SUITE 1800  
CHICAGO, IL 60606

**Current Mailing Address:**

225 WEST WASHINGTON STREET  
SUITE 1800  
CHICAGO, IL 60606 US

**FEI Number:** 36-6033855

**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 DIRECTOR  
Name NOE, KATALIN I.  
Address 225 WEST WASHINGTON STREET  
SUITE 1800  
City-State-Zip: CHICAGO IL 60606

Title PRESIDENT  
Name SCALDAFERRI, WILLIAM  
Address 28 LIBERTY STREET . 37TH FLOOR  
City-State-Zip: NEW YORK NY 10005

Title CFO, DIRECTOR  
Name DAVIS, PAUL  
Address 225 WEST WASHINGTON STREET  
SUITE 1800  
City-State-Zip: CHICAGO IL 60606

Title SECRETARY  
Name FAWCETT, WILLIAM  
Address 225 WEST WASHINGTON STREET  
SUITE 1800  
City-State-Zip: CHICAGO IL 60606

Title DIRECTOR  
Name MARKOVINA, VINKO  
Address 225 WEST WASHINGTON STREET  
SUITE 1800  
City-State-Zip: CHICAGO IL 60606

Title DIRECTOR  
Name STRELAU, ALICE  
Address 225 WEST WASHINGTON STREET  
SUITE 1800  
City-State-Zip: CHICAGO IL 60606

*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:** SCALDAFERRI WILLIAM

**ELECTED OFFICER**

**02/26/2023**

Electronic Signature of Signing Officer/Director Detail

Date