

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001336

Entity Name: CIT INSURANCE CORP.**Current Principal Place of Business:**340 MT. KEMBLE AVE
MORRISTOWN, NJ 07960**Current Mailing Address:**340 MT. KEMBLE AVE
MORRISTOWN, NJ 07960 US**FEI Number:** 58-2657065**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH 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	SECRETARY/DIRECTOR
Name	WITTE, DOUG
Address	340 MT. KEMBLE AVE
City-State-Zip:	MORRISTOWN NJ 07960

Title	DIRECTOR, TREASURER
Name	FONG, ERIC
Address	340 MT. KEMBLE AVE
City-State-Zip:	MORRISTOWN NJ 07960

Title	VP
Name	NASSANEY, KATHLEEN
Address	340 MT. KEMBLE AVE
City-State-Zip:	MORRISTOWN NJ 07960

Title	PRESIDENT, DIRECTOR
Name	MARTIN, MATT
Address	340 MT. KEMBLE AVE
City-State-Zip:	MORRISTOWN NJ 07960

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: KATHLEEN NASSANEY

VP

04/29/2022

Electronic Signature of Signing Officer/Director Detail_____
Date