2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2025
Secretary of State
1274159575CC

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	SENIOR VICE PRESIDENT - TAX
Name	PERKINSON, KATHLEEN
Address	340 MOUNT KEMBLE AVENUE, SUITE 100
City-State-Zip:	MORRISTOWN NJ 07960

Title	SENIOR VICE PRESIDENT &SECRETARY
Name	GEIS, ROBERT T
Address	340 MOUNT KEMBLE AVENUE, SUITE 100
City-State-Zip:	MORRISTOWN NJ 07960

Title	SENIOR VICE PRESIDENT &TREASURER, DIRECTOR
Name	MEINER, LAWRENCE
Address	340 MOUNT KEMBLE AVENUE, SUITE 100
City-State-Zip:	MORRISTOWN NJ 07960

Title	VP
Name	ANZALONE, LISA P.
Address	340 MOUNT KEMBLE AVENUE, SUITE 100
City-State-Zip:	MORRISTOWN NJ 07960

Title	ASSISTANT VICE PRESIDENT
Name	LEACH, ERIC
Address	340 MOUNT KEMBLE AVENUE, SUITE 100
City-State-Zip:	MORRISTOWN NJ 07960

Title	SENIOR VICE PRESIDENT &ASSISTANT SECRETARY
Name	WITTE, DOUGLAS S.
Address	340 MOUNT KEMBLE AVENUE, SUITE 100
City-State-Zip:	MORRISTOWN NJ 07960

Title	AUTHORIZED SIGNATORY
Name	BRUNO, SHAWN
Address	340 MOUNT KEMBLE AVENUE, SUITE 100
City-State-Zip:	MORRISTOWN NJ 07960

Title	PRESIDENT, DIRECTOR
Name	JONES, MICHAEL S.
Address	340 MOUNT KEMBLE AVENUE, SUITE 100
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: SHAWN BRUNO — AUTHORIZED SIGNATORY — 03/04/2025

Electronic Signature of Signing Officer/Director Detail — Date