**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 17, 2023**
**Secretary of State**
**0907173253CC**

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 | Title | DIRECTOR, TREASURER |
| Name | WITTE, DOUG | Name | FONG, ERIC |
| Address | 340 MT. KEMBLE AVE | Address | 340 MT. KEMBLE AVE |
| City-State-Zip: | MORRISTOWN NJ 07960 | City-State-Zip: | MORRISTOWN NJ 07960 |
| Title | VP | Title | PRESIDENT, DIRECTOR |
| Name | NASSANEY, KATHLEEN | Name | MARTIN, MATT |
| Address | 340 MT. KEMBLE AVE | Address | 4300 SIX FORKS ROAD |
| City-State-Zip: | MORRISTOWN NJ 07960 | City-State-Zip: | RALEIGH NC 27609 |

*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 04/17/2023

Electronic Signature of Signing Officer/Director Detail — Date