

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000003150

**Entity Name:** NATIONAL SPECIALTY INSURANCE COMPANY

**Current Principal Place of Business:**

1900 L DON DODSON DRIVE  
BEDFORD, TX 76021

**FILED**  
**Apr 01, 2024**  
**Secretary of State**  
**7738479026CC**

**Current Mailing Address:**

1900 L DON DODSON DRIVE  
BEDFORD, TX 76021 US

**FEI Number: 75-2816775**

**Certificate of Status Desired: No**

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

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399 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, OFFICER  
Name CLEFF, DAVID M.  
Address 1900 L DON DODSON DRIVE  
City-State-Zip: BEDFORD TX 76021

Title CEO  
Name FREEMAN, MATTHEW A.  
Address 1900 L DON DODSON DRIVE  
City-State-Zip: BEDFORD TX 76021

Title DIRECTOR  
Name RUSSO, ROBIN  
Address 1900 L DON DODSON DRIVE  
City-State-Zip: BEDFORD TX 76021

Title ASSISTANT SECRETARY, DIRECTOR,  
OFFICER  
Name GRINNAN, RICHARD R.  
Address 1900 L DON DODSON DRIVE  
City-State-Zip: BEDFORD TX 76021

Title ASSISTANT SECRETARY, OFFICER  
Name STURGEON, KATHLEEN A.  
Address 1900 L DON DODSON DRIVE  
City-State-Zip: BEDFORD TX 76021

Title TREASURER, OFFICER  
Name BROUSSARD, JUSTIN P.  
Address 1900 L DON DODSON DRIVE  
City-State-Zip: BEDFORD TX 76021

Title DIRECTOR  
Name COSTANZO, BRIAN  
Address 1900 L DON DODSON DRIVE  
City-State-Zip: BEDFORD TX 76021

Title OFFICER, ASST. TREASURER  
Name NIDERMAIER, EMILY  
Address 1900 L DON DODSON DRIVE  
City-State-Zip: BEDFORD TX 76021

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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: DAVID CLEFF**

**SECRETARY**

**04/01/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title OFFICER, ASST. TREASURER  
Name CASE, CHRISTOPHER  
Address 1900 L DON DODSON DRIVE  
City-State-Zip: BEDFORD TX 76021

Title OFFICER, ASST. SECRETARY  
Name WILLIAMSON, KRISTEN  
Address 1900 L DON DODSON DRIVE  
City-State-Zip: BEDFORD TX 76021