

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006487

Entity Name: BEAZLEY USA SERVICES, INC.**Current Principal Place of Business:**65 MEMORIAL ROAD
SUITE 320
WEST HARTFORD, CT 06107**Current Mailing Address:**65 MEMORIAL ROAD
SUITE 320
WEST HARTFORD, CT 06107 US**FEI Number:** 83-0363539**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 ASSISTANT SECRETARY
Name KAUFMAN, DEB
Address 65 MEMORIAL ROAD
SUITE 320
City-State-Zip: WEST HARTFORD CT 06107

Title PRESIDENT
Name LAKE, SALLY
Address 65 MEMORIAL ROAD
SUITE 320
City-State-Zip: WEST HARTFORD CT 06107

Title CHAIRPERSON
Name LAKE, SALLY
Address 65 MEMORIAL ROAD
SUITE 320
City-State-Zip: WEST HARTFORD CT 06107

Title EXEC VICE PRESIDENT
Name SULLIVAN, JEREMIAH E. JR.
Address 65 MEMORIAL ROAD
SUITE 320
City-State-Zip: WEST HARTFORD CT 06107

Title SECRETARY
Name OLDRIDGE, CHRISTINE P.
Address 65 MEMORIAL ROAD
SUITE 320
City-State-Zip: WEST HARTFORD CT 06107

Title TREASURER
Name FAHEY, JACKIE
Address 65 MEMORIAL ROAD
SUITE 320
City-State-Zip: WEST HARTFORD CT 06107

Title DIRECTOR
Name COX, ADRIAN
Address 65 MEMORIAL ROAD
SUITE 320
City-State-Zip: WEST HARTFORD CT 06107

Title DIRECTOR
Name LAKE, SALLY
Address 65 MEMORIAL ROAD
SUITE 320
City-State-Zip: WEST HARTFORD CT 06107

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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: JUNIOR BAMMEKE

ASSISTANT SECRETARY 04/05/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SULLIVAN, JEREMIAH E. JR.
Address 65 MEMORIAL ROAD
SUITE 320
City-State-Zip: WEST HARTFORD CT 06107

Title DIRECTOR
Name GREENWOOD, BETHANY
Address 65 MEMORIAL ROAD
SUITE 320
City-State-Zip: WEST HARTFORD CT 06107

Title VICE TREASURE
Name SULLIVAN, DARIA
Address 65 MEMORIAL ROAD
SUITE 320
City-State-Zip: WEST HARTFORD CT 06107

Title DIRECTOR
Name HIRJI, MUNIRA A.
Address 65 MEMORIAL ROAD
SUITE 320
City-State-Zip: WEST HARTFORD CT 06107

Title ASSISTANT SECRETARY
Name BAMMEKE, JUNIOR
Address 65 MEMORIAL ROAD
SUITE 320
City-State-Zip: WEST HARTFORD CT 06107