

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000164

Entity Name: PARK NATIONAL INSURANCE COMPANY**Current Principal Place of Business:**233 N. MICHIGAN AVE., SUITE 1200
CHICAGO, IL 60601**Current Mailing Address:**800 SUPERIOR AVENUE E 21ST FLOOR
CLEVELAND, OH 44114 US**FEI Number:** 36-3877576**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:** ASHLEY PERKINS, SPECIAL SECRETARY

04/30/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name FISCH, SUSAN CAROL
Address 59 MAIDEN LANE 43RD FLOOR
City-State-Zip: NEW YORK NY 10038

Title PRESIDENT
Name FENSTER, JEFFREY ROBERT
Address 59 MAIDEN LANE 43RD FLOOR
City-State-Zip: NEW YORK NY 10038

Title SECRETARY, DIRECTOR
Name UNGAR, STEPHEN BARRY
Address 59 MAIDEN LANE 43RD FLOOR
City-State-Zip: NEW YORK NY 10038

Title TREASURER
Name KUNKEL DION, ELLEN
Address 59 MAIDEN LANE 43RD FLOOR
City-State-Zip: NEW YORK NY 10038

Title DIRECTOR
Name KARKOWSKY, ADAM ZEV
Address 59 MAIDEN LANE 43RD FLOOR
City-State-Zip: NEW YORK NY 10038

Title DIRECTOR
Name DECARLO, DONALD THOMAS
Address 59 MAIDEN LANE 43RD FLOOR
City-State-Zip: NEW YORK NY 10038

Title DIRECTOR
Name GREENSTEIN, EVAN MARC
Address 59 MAIDEN LANE 43RD FLOOR
City-State-Zip: NEW YORK NY 10038

Title CHIEF ACTUARY
Name MAYER, JEFFREY HOWARD
Address 59 MAIDEN LANE 43RD FLOOR
City-State-Zip: NEW YORK NY 10038

Continues on page 2

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: UNGAR , STEPHEN BARRYSECRETARY BY, ANA
DUTEAU, ATTORNEY-IN-
FACT

04/30/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	ASSISTANT SECRETARY
Name	CLARK, JANIE VANESSA
Address	800 SUPERIOR AVENUE E 21ST FLOOR
City-State-Zip:	CLEVELAND OH 44114