

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005056

Entity Name: CATLIN INSURANCE COMPANY, INC.**Current Principal Place of Business:**C/O THE CORPORATION TRUST CO,
1999 BRYAN STREET SUITE 900
DALLAS, TX 75201**Current Mailing Address:**70 SEAVIEW AVENUE
STAMFORD, CT 06902 US**FEI Number:** 20-4929941**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
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 DIRECTOR, SENIOR VICE PRESIDENT
Name BROOKS, DAVID
Address 100 CONSTITUTION PLAZA
City-State-Zip: HARTFORD CT 06103

Title VP, TREASURER
Name CARINO, III, GABRIEL G
Address 100 WASHINGTON BOULEVARD
City-State-Zip: STAMFORD CT 06902

Title DIRECTOR, SENIOR VICE PRESIDENT
Name DIVIRGILIO, JAMES M
Address 100 CONSTITUTION PLAZA
City-State-Zip: HARTFORD CT 06103

Title SENIOR VICE PRESIDENT, GENERAL COUNSEL
Name MIMS, SARAH B
Address 505 EAGLEVIEW BLVD
5TH FLOOR
City-State-Zip: EXTON PA 19341

Title DIRECTOR, EXECUTIVE VICE PRESIDENT
Name NADEAU, DONNA M
Address 200 LIBERTY STREET
City-State-Zip: NEW YORK NY 10281

Title DIRECTOR, SENIOR VICE PRESIDENT
Name NORRIS, JAMES M
Address 100 CONSTITUTION PLAZA
City-State-Zip: HARTFORD CT 06103

Title VP, SECRETARY
Name PERKINS, TONI A
Address 70 SEAVIEW AVENUE
City-State-Zip: STAMFORD CT 06902

Title DIRECTOR, PRESIDENT, CEO
Name TOCCO, JOSEPH A
Address 200 LIBERTY STREET
City-State-Zip: NEW YORK NY 10281

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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: KAREN CLAUSI**ASSISTANT SECRETARY** 04/16/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP, CONTROLLER
Name WILL, ANDREW R
Address 100 WASHINGTON BOULEVARD
City-State-Zip: STAMFORD CT 06902

Title ASST. SECRETARY
Name CLAUSI, KAREN M
Address 70 SEAVIEW AVENUE
City-State-Zip: STAMFORD CT 06902

Title DIRECTOR, SENIOR VICE PRESIDENT
Name ZIMMERMAN, TODD D
Address 505 EAGLEVIEW BOULEVARD
City-State-Zip: EXTON PA 19341