

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000000830

Entity Name: CATLIN INSURANCE SERVICES, INC.**Current Principal Place of Business:**70 SEAVIEW AVENUE
STAMFORD, CT 06902**Current Mailing Address:**70 SEAVIEW AVENUE
STAMFORD, CT 06902 US**FEI Number:** 72-1312068**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 DIRECTOR, VP
Name CHAUVIN, WILLIAM P
Address 70 SEAVIEW AVENUE
City-State-Zip: STAMFORD CT 06902

Title TREASURER
Name CARINO, III, GABRIEL G
Address 70 SEAVIEW AVENUE
City-State-Zip: STAMFORD CT 06902

Title EXECUTIVE VICE PRESIDENT
Name NADEAU, DONNA M
Address 70 SEAVIEW AVENUE
City-State-Zip: STAMFORD CT 06902

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

Title ASST. TREASURER, DIRECTOR
Name NARDELLA, DIANA
Address 70 SEAVIEW AVENUE
City-State-Zip: STAMFORD CT 06902

Title ASST. TREASURER
Name TEDESCO, JR., JOSEPH W
Address 70 SEAVIEW AVENUE
City-State-Zip: STAMFORD CT 06902

Title DIRECTOR, EXECUTIVE VICE
PRESIDENT
Name TOCCO, JOSEPH A
Address 70 SEAVIEW AVENUE
City-State-Zip: STAMFORD CT 06902

Title PRESIDENT
Name MIMS, SARAH B
Address 70 SEAVIEW AVENUE
City-State-Zip: STAMFORD CT 06902

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: MIMS , SARAH B**PRESIDENT****02/28/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date