

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000005513

**Entity Name:** VANTAPRO SPECIALTY INSURANCE COMPANY

**FILED**  
**Apr 10, 2024**  
**Secretary of State**  
**0282984764CC**

**Current Principal Place of Business:**

199 WATER STREET  
24TH FLOOR  
NEW YORK, NY 10038

**Current Mailing Address:**

199 WATER STREET  
24TH FLOOR  
NEW YORK, NY 10038 US

**FEI Number: 36-3774557**

**Certificate of Status Desired: No**

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

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST.  
TALLAHASSEE, FL 32339 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  
Name DUPONT, WESLEY D.  
Address 199 WATER STREET  
24TH FLOOR  
City-State-Zip: NEW YORK NY 10038

Title DIRECTOR  
Name IGLESIAS, LOUIS  
Address 199 WATER STREET  
24TH FLOOR  
City-State-Zip: NEW YORK NY 10038

Title SECRETARY  
Name COLONNA, KAREN  
Address 199 WATER STREET  
24TH FLOOR  
City-State-Zip: NEW YORK NY 10038

Title DIRECTOR  
Name BENDER, JOHN  
Address 199 WATER STREET  
24TH FLOOR  
City-State-Zip: NEW YORK NY 10038

Title TREASURER  
Name LEUNG, MURZENA  
Address 199 WATER STREET  
24TH FLOOR  
City-State-Zip: NEW YORK NY 10038

Title PRESIDENT  
Name CELLURA, JOSEPH  
Address 199 WATER STREET  
24TH FLOOR  
City-State-Zip: NEW YORK NY 10038

Title PRESIDENT  
Name GRAVIER, CHRISTIAN  
Address 199 WATER STREET  
24TH FLOOR  
City-State-Zip: NEW YORK NY 10038

Title VP, ASSOCIATE GENERAL COUNSEL  
& ASSISTANT SECRETARY  
Name MOURAD, MARLENE  
Address 1690 NEW BRITAIN AVENUE  
SUITE 101  
City-State-Zip: FARMINGTON CT 06032

**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: KAREN COLONNA**

**SECRETARY**

**04/10/2024**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title EXECUTIVE VICE PRESIDENT, GLOBAL  
INSURANCE  
Name BOWDEN, ROBERT  
Address 550 SOUTH HOPE STREET  
SUITE 1825  
City-State-Zip: LOS ANGELES CA 90071

Title SVP, FINANCE & ASSISTANT  
TREASURER  
Name PAULHUS, JAMES  
Address 199 WATER STREET  
24TH FLOOR  
City-State-Zip: NEW YORK NY 10038