2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2019
Secretary of State
6188376782CC

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Entity Name: GLOBAL INSURANCE MANAGEMENT COMPANY, INC.

Current Principal Place of Business:

1250 SOUTH PINE ISLAND ROAD, SUITE 300
PLANTATION, FL 33324

Current Mailing Address:

ONE FINANCIAL CENTER
13TH FLOOR
BOSTON, MA 02111 US

FEI Number: 47-1971933

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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, CEO, PRESIDENT
Name	SALMAN, JOSHUA M
Address	1250 SOUTH PINE ISLAND ROAD, SUITE 300
City-State-Zip:	PLANTATION FL 33324

Title	DIRECTOR, CHAIRMAN
Name	HANSON, GREGG L
Address	ONE FINANCIAL CENTER 13TH FLOOR
City-State-Zip:	BOSTON MA 02111

Title	DIRECTOR, VC
Name	MURPHY, JOSEPH G.
Address	ONE FINANCIAL CENTER 13TH FLOOR
City-State-Zip:	BOSTON MA 02111

Title	DIRECTOR, TREASURER
Name	MILLS, TODD C
Address	ONE FINANCIAL CENTER 13TH FLOOR
City-State-Zip:	BOSTON MA 02111

Title	DIRECTOR, CHIEF UNDERWRITING OFFICER
Name	ZOROLA, JOSE R
Address	ONE FINANCIAL CENTER 13TH FLOOR
City-State-Zip:	BOSTON MA 02111

Title	VP, CFO, ASST. TREASURER
Name	LESTER, DAVID W
Address	1250 SOUTH PINE ISLAND ROAD, SUITE 300
City-State-Zip:	PLANTATION FL 33324

Title	SECRETARY, GENERAL COUNSEL
Name	BAGLEY, ERIN B
Address	ONE FINANCIAL CENTER 13TH FLOOR
City-State-Zip:	BOSTON MA 02111

Title	VP, ASST. SECRETARY, CONTROLLER
Name	MUELLER, THOMAS W
Address	1250 SOUTH PINE ISLAND ROAD, SUITE 300
City-State-Zip:	PLANTATION FL 33324

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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: JOSEPH G. MURPHY VICE CHAIR 02/27/2019

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	VP
Name	LUDWIG, WILLIAM C
Address	1250 SOUTH PINE ISLAND ROAD, SUITE 300
City-State-Zip:	PLANTATION FL 33324