

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000002772

Entity Name: JM SPECIALTY INSURANCE COMPANY**Current Principal Place of Business:**24 JEWELERS PARK DR.
NEENAH, WI 54956**Current Mailing Address:**24 JEWELERS PARK DR.
NEENAH, WI 54956 US**FEI Number: 37-1845919****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 EAST 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name MURPHY, D. SCOTT
Address 24 JEWELERS PARK DR.
City-State-Zip: NEENAH WI 54956

Title VP, DIRECTOR
Name ALEXANDER, MIKE
Address 24 JEWELERS PARK DR.
City-State-Zip: NEENAH WI 54956

Title TREASURER, DIRECTOR
Name DANGI, SUMIT
Address 24 JEWELERS PARK DR.
City-State-Zip: NEENAH WI 54956

Title VP, DIRECTOR
Name NELSON, BRYON
Address 24 JEWELERS PARK DR.
City-State-Zip: NEENAH WI 54956

Title SECRETARY
Name WILLSON, MARK
Address 24 JEWELERS PARK DR.
City-State-Zip: NEENAH WI 54956

Title VP, DIRECTOR
Name KREUL, JOHN
Address 24 JEWELERS PARK DR.
City-State-Zip: NEENAH WI 54956

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: SUMIT DANGI**TREASURER****04/26/2024**

Electronic Signature of Signing Officer/Director Detail

Date