2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2025
Secretary of State
1557286168CC

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Entity Name: JM SPECIALTY INSURANCE COMPANY

Current Principal Place of Business:

24 JEWELERS PARK DR.
NEENAH, WI 54956

Current Mailing Address:

PO BOX 468
NEENAH, WI 54957-0468 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	TREASURER, DIRECTOR
Name	ANDERSON, CHRIS
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	FINCH, NANCY
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	VP, DIRECTOR
Name	NELSON, BRYON
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: CHRIS ANDERSON TREASURER 04/25/2025

Electronic Signature of Signing Officer/Director Detail — Date