

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F00000001842

**Entity Name:** MESA UNDERWRITERS SPECIALTY INSURANCE COMPANY**Current Principal Place of Business:**6263 N. SCOTTSDALE ROAD  
SUITE 300  
SCOTTSDALE, AZ 85250**Current Mailing Address:**40 WANTAGE AVE  
BRANCHVILLE, NJ 07890**FEI Number:** 75-1629914**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER  
200 E. 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	CEOP
Name	NENABER, RICHARD R
Address	6263 N. SCOTTSDALE ROAD
City-State-Zip:	SCOTTSDALE AZ 85250

Title	CFO
Name	THATCHER, DALE A
Address	40 WANTAGE AVE
City-State-Zip:	BRANCHVILLE NJ 07890

Title	EVP
Name	LANZA, MICHAEL H
Address	40 WANTAGE AVE.
City-State-Zip:	BRANCHVILLE NJ 07890

Title	SVPT
Name	DIBERARDINO, JENNIFER W
Address	40 WANTAGE AVE.
City-State-Zip:	BRANCHVILLE NJ 07890

Title	SVPC
Name	EPPERS, JOSEPH O
Address	40 WANTAGE AVENUE
City-State-Zip:	BRANCHVILLE NJ 07890

Title	VPM
Name	PORTER, PATRICK W
Address	6263 N. SCOTTSDALE RD, SUITE 300
City-State-Zip:	SCOTTSDALE AZ 85250

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:** MICHAEL H LANZA

EVP

05/20/2015

Electronic Signature of Signing Officer/Director Detail

Date