

**2017 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:**

6263 N SCOTTSDALE ROAD  
SUITE 300  
SCOTTSDALE, AZ 85250 US

**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            CEO, PRESIDENT  
Name            KAMROWSKI, JEFFREY F  
Address        6263 N SCOTTSDALE ROAD  
                 SUITE 300  
City-State-Zip: SCOTTSDALE AZ 85250

Title            CFO  
Name            WILCOX, MARK A  
Address        6263 N SCOTTSDALE ROAD  
                 SUITE 300  
City-State-Zip: SCOTTSDALE AZ 85250

Title            SECRETARY  
Name            LANZA, MICHAEL H  
Address        6263 N SCOTTSDALE ROAD  
                 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

**SECRETARY**

**06/01/2017**

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

\_\_\_\_\_  
Date