

**2021 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:** CHIEF FINANCIAL OFFICER

04/29/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name CUNNIFF, CHRISTOPHER GEORGE  
Address 6263 N SCOTTSDALE ROAD  
SUITE 300  
City-State-Zip: SCOTTSDALE AZ 85250

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

Title DIRECTOR, CHAIRMAN  
Name MARCHIONI, JOHN J  
Address 6263 N SCOTTSDALE ROAD  
SUITE 300  
City-State-Zip: SCOTTSDALE AZ 85250

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

Title DIRECTOR, SECRETARY, EXECUTIVE  
VICE PRESIDENT, GENERAL  
COUNSEL  
Name LANZA, MICHAEL H  
Address 6263 N SCOTTSDALE ROAD  
SUITE 300  
City-State-Zip: SCOTTSDALE AZ 85250

Title SENIOR VICE PRESIDENT-INVESTOR  
RELATIONS, TREASURER  
Name PAI, ROHAN  
Address 6263 N SCOTTSDALE ROAD  
SUITE 300  
City-State-Zip: SCOTTSDALE AZ 85250

Title DIRECTOR  
Name SENIA, VINCENT M  
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**

04/29/2021

Electronic Signature of Signing Officer/Director Detail

Date