Entity Name: MESA UNDERWRITERS SPECIALTY INSURANCE COMPANY
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2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

6263 N SCOTTSDALE ROAD SUITE 300 SCOTTSDALE, AZ 85250

Current Mailing Address:

DOCUMENT# F0000001842

6263 N SCOTTSDALE ROAD SUITE 300 SCOTTSDALE, AZ 85250 US

FEI Number: 75-1629914

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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	SANDRA E YOUNKER			06/21/2022	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	DIRECTOR	Title	PRESIDENT, CEO		
Name	CUNNIFF, CHRISTOPHER GEORGE	Name	KAMROWSKI, JEFFREY F		
Address	6263 N SCOTTSDALE ROAD SUITE 300	Address	6263 N SCOTTSDALE ROAD SUITE 300		
City-State-Zip:	SCOTTSDALE AZ 85250	City-State-Zip:	SCOTTSDALE AZ 85250		
Title	DIRECTOR, CHAIRMAN	Title	DIRECTOR, EXECUTIVE VICE PRESIDENT, CFO		
Name	MARCHIONI, JOHN J	Name	WILCOX, MARK A		
Address	6263 N SCOTTSDALE ROAD SUITE 300	Address	6263 N SCOTTSDALE ROAD SUITE 300		
City-State-Zip:	SCOTTSDALE AZ 85250	City-State-Zip:	SCOTTSDALE AZ 85250		
Title	DIRECTOR, SECRETARY, EXECUTIVE VICE PRESIDENT, GENERAL COUNSEL	Title	SENIOR VICE PRESIDENT-INV RELATIONS, TREASURER	ESTOR	
Name	LANZA, MICHAEL H	Name	PAI, ROHAN		
Address	6263 N SCOTTSDALE ROAD SUITE 300	Address	6263 N SCOTTSDALE ROAD SUITE 300		
City-State-Zip:	SCOTTSDALE AZ 85250	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.

SECRETARY

SIGNATURE: MICHAEL H. LANZA

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No