2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F2200000336

Entity Name: CORE SPECIALTY INSURANCE SERVICES, INC.

Current Principal Place of Business:

201 E. FIFTH STREET, SUITE 1200 CINCINNATI, OH 45202

Current Mailing Address:

201 E. FIFTH STREET, SUITE 1200 CINCINNATI, OH 45202 US

FEI Number: 27-0173350

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US Certificate of Status Desired: No

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

Officer/Director Detail :

| Title | VP | Title | PRESIDENT |
|-----------------|---------------------------------|-----------------|---------------------------------|
| Name | BOGH, CLIFF | Name | CONSOLINO, JEFF |
| Address | 201 E. FIFTH STREET, SUITE 1200 | Address | 201 E. FIFTH STREET, SUITE 1200 |
| City-State-Zip: | CINCINNATI OH 45202 | City-State-Zip: | CINCINNATI OH 45202 |
| | | | |
| Title | VP | Title | SECRETARY |
| Name | DIXON, TODD | Name | KUZLOSKI, ROBERT |
| Address | 201 E. FIFTH STREET, SUITE 1200 | Address | 201 E. FIFTH STREET, SUITE 1200 |
| City-State-Zip: | CINCINNATI OH 45202 | City-State-Zip: | CINCINNATI OH 45202 |

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: KUZLOSKI, ROBERT

SECRETARY

02/25/2023

Electronic Signature of Signing Officer/Director Detail

Date

FILED Feb 25, 2023 Secretary of State 6256270491CC

Date