

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F22000000336

Entity Name: CORE SPECIALTY INSURANCE SERVICES, INC.

Current Principal Place of Business:

201 E. FIFTH STREET
SUITE 1200
CINCINNATI, OH 45202

Current Mailing Address:

PO BOX 5755
CINCINNATI, OH 45201 US

FEI Number: 27-0173350

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 PRESIDENT/CEO
Name CONSOLINO, JEFF
Address 201 E. FIFTH STREET
SUITE 1200
City-State-Zip: CINCINNATI OH 45202

Title SENIOR VICE PRESIDENT AND CHIEF
UNDERWRITING OFFICER
Name WANAMAKER, JEFF
Address 201 E. FIFTH STREET
SUITE 1200
City-State-Zip: CINCINNATI OH 45202

Title SECRETARY
Name KUZLOSKI, ROBERT
Address 201 E. FIFTH STREET
SUITE 1200
City-State-Zip: CINCINNATI OH 45202

Title VP
Name SIMEONE, PAUL
Address 201 E. FIFTH STREET
SUITE 1200
City-State-Zip: CINCINNATI OH 45202

Title VP
Name REITWIESNER, JOHN
Address 201 E. FIFTH STREET
SUITE 1200
City-State-Zip: CINCINNATI OH 45202

Title VP
Name NEWMAN, ADAM
Address 201 E. FIFTH STREET
SUITE 1200
City-State-Zip: CINCINNATI OH 45202

Title ASSISTANT SECRETARY
Name LAUTERBACH, ERIKALYN
Address 201 E. FIFTH STREET
SUITE 1200
City-State-Zip: CINCINNATI OH 45202

Title DIRECTOR
Name WANAMAKER, JEFF
Address 201 E. FIFTH STREET
SUITE 1200
City-State-Zip: CINCINNATI OH 45202

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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: ROBERT KUZLOSKI

SECRETARY

04/03/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name KUZLOSKI, ROBERT
Address 201 E. FIFTH STREET
SUITE 1200
City-State-Zip: CINCINNATI OH 45202

Title DIRECTOR
Name MOORE, MATTHEW
Address 201 E. FIFTH STREET
SUITE 1200
City-State-Zip: CINCINNATI OH 45202

Title DIRECTOR
Name VENS, WILLIAMS
Address 201 E. FIFTH STREET
SUITE 1200
City-State-Zip: CINCINNATI OH 45202

Title CHIEF FINANCIAL OFFICER &
TREASURER
Name MOORE, MATTHEW
Address 201 E. FIFTH STREET
SUITE 1200
City-State-Zip: CINCINNATI OH 45202