

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F98000003195

**Entity Name:** MARKEL GLOBAL REINSURANCE COMPANY

**FILED**  
**Feb 17, 2022**  
**Secretary of State**  
**3663471395CC**

**Current Principal Place of Business:**

535 SPRINGFIELD AVENUE  
SUITE 200  
SUMMIT, NJ 07901

**Current Mailing Address:**

10275 W. HIGGINS RD.  
750  
ROSEMONT, IL 60018 US

**FEI Number: 06-1481194**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 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 CHAIRMAN, DIRECTOR  
Name RUSSO, ROBIN  
Address 4521 HIGHWOODS PARKWAY  
City-State-Zip: GLEN ALLEN VA 23060

Title TREASURER  
Name BROUSSARD, JUSTIN  
Address 4521 HIGHWOODS PARKWAY  
City-State-Zip: GLEN ALLEN VA 23060

Title SECRETARY  
Name STURGEON, KATHLEEN A  
Address 10275 W. HIGGINS RD.  
750  
City-State-Zip: ROSEMONT IL 60018

Title SR. VP, DIRECTOR  
Name KISCADEN, BRADLEY J  
Address 4521 HIGHWOODS PARKWAY  
City-State-Zip: GLEN ALLEN VA 23060

Title PRESIDENT, DIRECTOR  
Name RHOADS, JED ELIOT  
Address 535 SPRINGFIELD AVENUE, SUITE  
200  
City-State-Zip: SUMMIT NJ 07901

Title CFO, VP  
Name COSTANZO, BRIAN J  
Address 4521 HIGHWOODS PARKWAY  
City-State-Zip: GLEN ALLEN VA 23060

Title VP  
Name LEITZ, STEPHEN EDWARD  
Address 535 SPRINGFIELD AVENUE  
SUITE 200  
City-State-Zip: SUMMIT NJ 07901

Title VP, ASST. SECRETARY  
Name GRINNAN, RICHARD R  
Address 4521 HIGHWOODS PARKWAY  
City-State-Zip: GLEN ALLEN VA 23060

**Continues on page 2**

*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: KATHLEEN STURGEON**

**SECRETARY**

**02/17/2022**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title ASST. SECRETARY  
Name STRAIT, KARL MURRAY  
Address 4521 HIGHWOODS PARKWAY  
City-State-Zip: GLEN ALLEN VA 23060

Title ASST. SECRETARY, TAX DIRECTOR  
Name PLUSCH, KELLI SUE  
Address 4521 HIGHWOODS PARKWAY  
City-State-Zip: GLEN ALLEN VA 23060

Title ASST. TREASURER  
Name NIDERMAIER, EMILY  
Address 4521 HIGHWOODS PARKWAY  
City-State-Zip: GLEN ALLEN VA 23060

Title ASST. SECRETARY  
Name WILLIAMSON, KRISTEN  
Address 4521 HIGHWOODS PARKWAY  
City-State-Zip: GLEN ALLEN VA 23060

Title ASST. TREASURER  
Name CASE, CHRISTOPHER  
Address 4521 HIGHWOODS PARKWAY  
City-State-Zip: GLEN ALLEN VA 23060

Title ASST. SECRETARY  
Name LANG, RYAN W  
Address 535 SPRINGFIELD AVENUE  
SUITE 200  
City-State-Zip: SUMMIT NJ 07901