## **2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F98000003195

**Entity Name: MARKEL GLOBAL REINSURANCE COMPANY** 

**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

FILED Apr 01, 2023

**Secretary of State** 

5735120827CC

Officer/Director Detail:

750

Title CHAIRMAN, DIRECTOR Title TREASURER

Name RUSSO, ROBIN Name BROUSSARD, JUSTIN

Address 4521 HIGHWOODS PARKWAY Address 4521 HIGHWOODS PARKWAY

City-State-Zip: GLEN ALLEN VA 23060 City-State-Zip: GLEN ALLEN VA 23060

Title SECRETARY Title PRESIDENT, DIRECTOR
Name STURGEON, KATHLEEN A Name BAHR, DONALD WALTER

Address 10275 W. HIGGINS RD. Address 535 SPRINGFIELD AVENUE, SUITE

City-State-Zip: ROSEMONT IL 60018 City-State-Zip: SUMMIT NJ 07901

Title CFO, VP Title VP

Name COSTANZO, BRIAN J Name LEITZ, STEPHEN EDWARD

Address 4521 HIGHWOODS PARKWAY Address 535 SPRINGFIELD AVENUE

Address 4521 HIGHWOODS PARKWAY Address 535 SPRINGFIELD AVENU SUITE 200

City-State-Zip: GLEN ALLEN VA 23060 City-State-Zip: SUMMIT NJ 07901

Title VP, ASST. SECRETARY Title ASST. SECRETARY

Name GRINNAN, RICHARD R Name STRAIT, KARL MURRAY

Address 4521 HIGHWOODS PARKWAY Address 4521 HIGHWOODS PARKWAY

City-State-Zip: GLEN ALLEN VA 23060 City-State-Zip: GLEN ALLEN VA 23060

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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: KATHLEEN STURGEON

**SECRETARY** 

04/01/2023

## Officer/Director Detail Continued:

Title ASST. SECRETARY Title ASST. SECRETARY, TAX DIRECTOR

Name WILLIAMSON, KRISTEN Name PLUSCH, KELLI SUE

Address 4521 HIGHWOODS PARKWAY Address 4521 HIGHWOODS PARKWAY

City-State-Zip: GLEN ALLEN VA 23060 City-State-Zip: GLEN ALLEN VA 23060

TitleASST. TREASURERTitleASST. TREASURERNameCASE, CHRISTOPHERNameNIDERMAIER, EMILY

Address 4521 HIGHWOODS PARKWAY Address 4521 HIGHWOODS PARKWAY

City-State-Zip: GLEN ALLEN VA 23060 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