

**2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 848870

**Entity Name:** ABILITY INSURANCE COMPANY**Current Principal Place of Business:**9394 WEST DODGE ROAD  
SUITE 150  
OMAHA, NE 68114**Current Mailing Address:**PO BOX 7066  
ALLENTOWN, PA 18105 US**FEI Number:** 47-0520541**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRA SERVICES, INC.  
NRAI SERVICES, INC.  
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:** SUZANNE T. CRYAN**03/28/2025**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, PRESIDENT, CEO  
Name ELLIOT, ANNA  
Address 100 WALL STREET  
FLOOR 28  
City-State-Zip: NEW YORK NY 10005

Title DIRECTOR  
Name EDERER, MATTHIAS  
Address 650 MADISON AVENUE  
23RD FLOOR  
City-State-Zip: NEW YORK NY 10022

Title DIRECTOR  
Name REINHART, SAM  
Address 650 MADISON AVENUE  
23RD FLOOR  
City-State-Zip: NEW YORK NY 10022

Title DIRECTOR  
Name SACK, PETER  
Address 650 MADISON AVENUE  
23RD FLOOR  
City-State-Zip: NEW YORK NY 10022

Title DIRECTOR  
Name MCCURLEY, GREER  
Address 650 MADISON AVENUE  
23RD FLOOR  
City-State-Zip: NEW YORK NY 10022

*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:** ANNA ELLIOTT**PRESIDENT****03/28/2025**

Electronic Signature of Signing Officer/Director Detail

Date