

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 848870

Entity Name: ABILITY INSURANCE COMPANY**Current Principal Place of Business:**222 SOUTH 15TH STREET
1202S
OMAHA, NE 68102**Current Mailing Address:**P.O. BOX 3735
OMAHA, NE 68103 07**FEI Number:** 47-0520541**Certificate of Status Desired:** Yes**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

01/03/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, PRESIDENT, CEO
Name KING, KENNETH
Address 26 WILTON ROAD
City-State-Zip: PLEASANTVILLE NY 10570

Title DIRECTOR
Name KILPATRICK, IAN
Address 134 RIDGE RUNNER WAY
City-State-Zip: TRAVELERS REST SC 29690

Title DIRECTOR
Name CATHCART, DANIEL B
Address 15 ARDSLEY WAY
City-State-Zip: AVON CT 06001

Title DIRECTOR
Name GRANT, JOHN P
Address 656 N 57TH AVENUE
City-State-Zip: OMAHA NE 68132

Title TREASURER
Name CHARSKY, DAVID R.
Address 11 PUMPKIN LANE
City-State-Zip: SCARBOROUGH ME 04074

Title DIRECTOR
Name LEWIS IV, WILLIAM A.
Address 222 5TH AVENUE
#5B
City-State-Zip: NEW YORK NY 10010

Title SECRETARY
Name ELLIOTT, ANNIE
Address 100 WALL STREET
FLOOR 28
City-State-Zip: NEW YORK NY 10005

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: ANNIE ELLIOTT**SECRETARY**

01/03/2017

Electronic Signature of Signing Officer/Director Detail

Date