

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 855177

Entity Name: VANTAGE RISK ASSURANCE COMPANY**Current Principal Place of Business:**123 N. WACKER DR
STE 1300
CHICAGO, IL 60606**Current Mailing Address:**123 N. WACKER DR
STE 1300
CHICAGO, IL 60606 US**FEI Number:** 36-2811124**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
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 PRESIDENT, CEO, DIRECTOR
Name HENDRICK, GREGORY
Address 123 N. WACKER DR
 STE 1300
City-State-Zip: CHICAGO IL 60606Title TREASURER, DIRECTOR
Name SWITHENBANK, AURORA
Address 123 N. WACKER DR
 STE 1300
City-State-Zip: CHICAGO IL 60606Title SECRETARY, DIRECTOR
Name ANDERSON, BOBBI
Address 123 N. WACKER DR
 STE 1300
City-State-Zip: CHICAGO IL 60606Title DIRECTOR
Name HAHN, PETER
Address 123 N. WACKER DR
 STE 1300
City-State-Zip: CHICAGO IL 60606Title DIRECTOR
Name SMITH, KELLY
Address 123 N. WACKER DR
 STE 1300
City-State-Zip: CHICAGO IL 60606

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: BOBBI ANDERSON**SECRETARY****04/21/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date