

2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002734

Entity Name: ACCELERANT NATIONAL INSURANCE COMPANY**Current Principal Place of Business:**400 NORTHRIDGE ROAD
SUITE 800
SANDY SPRINGS, GA 30350**Current Mailing Address:**400 NORTHRIDGE ROAD
SUITE 800
SANDY SPRINGS, GA 30350 US**FEI Number:** 91-1673817**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT/CEO
Name ZUK, JOSEPH
Address 400 NORTHRIDGE ROAD
 SUITE 800
City-State-Zip: SANDY SPRINGS GA 30350

Title COO
Name MCAULIFFE, MICHAEL
Address 400 NORTHRIDGE ROAD
 SUITE 800
City-State-Zip: SANDY SPRINGS GA 30350

Title DIRECTOR
Name RADKE, JEFFREY
Address 400 NORTHRIDGE ROAD
 SUITE 800
City-State-Zip: SANDY SPRINGS GA 30350

Title DIRECTOR
Name ZUK, JOSEPH
Address 400 NORTHRIDGE ROAD
 SUITE 800
City-State-Zip: SANDY SPRINGS GA 30350

Title SECRETARY
Name GAYNOR, SAMUEL
Address 400 NORTHRIDGE ROAD
 SUITE 800
City-State-Zip: SANDY SPRINGS GA 30350

Title CHIEF DISTRIBUTION OFFICER
Name WILLEMSSEN, JOHN
Address 400 NORTHRIDGE ROAD
 SUITE 800
City-State-Zip: SANDY SPRINGS GA 30350

Title DIRECTOR
Name WILLEMSSEN, JOHN
Address 400 NORTHRIDGE ROAD
 SUITE 800
City-State-Zip: SANDY SPRINGS GA 30350

Title DIRECTOR
Name SCHWARTZ, KEONI
Address 400 NORTHRIDGE ROAD
 SUITE 800
City-State-Zip: SANDY SPRINGS GA 30350

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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: MICHAEL MCAULIFFE**CHIEF OPERATING
OFFICER****03/25/2025**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GAYNOR, SAMUEL
Address 400 NORTHRIDGE ROAD
SUITE 800
City-State-Zip: SANDY SPRINGS GA 30350

Title CHIEF BUSINESS OFFICER
Name KOEHLER, RICH
Address 400 NORTHRIDGE ROAD
SUITE 800
City-State-Zip: SANDY SPRINGS GA 30350

Title CHIEF UNDERWRITING OFFICER
Name STRAUSS, STEVE
Address 400 NORTHRIDGE ROAD
SUITE 800
City-State-Zip: SANDY SPRINGS GA 30350

Title TREASURER
Name BOUTILIER, MARK
Address 400 NORTHRIDGE ROAD
SUITE 800
City-State-Zip: SANDY SPRINGS GA 30350

Title CHIEF CLAIMS OFFICER
Name TRUSS, SCOTT
Address 400 NORTHRIDGE ROAD
SUITE 800
City-State-Zip: SANDY SPRINGS GA 30350