

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000001687

**Entity Name:** ASCOT INSURANCE COMPANY**Current Principal Place of Business:**10233 SOUTH PARKER ROAD  
SUITE 300  
PARKER, CO 80134**Current Mailing Address:**10233 SOUTH PARKER ROAD  
SUITE 300  
PARKER, CO 80134 US**FEI Number:** 84-0583213**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER  
LARSON BLDG., 200 E. GAINES ST.  
TALLAHASSEE, FL 32399-0301 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	DIRECTOR
Name	KALVIK, TOM
Address	10233 SOUTH PARKER ROAD SUITE 300
City-State-Zip:	PARKER CO 80134

Title	DIRECTOR
Name	SUTHERLAND, SUSAN
Address	10233 SOUTH PARKER ROAD SUITE 300
City-State-Zip:	PARKER CO 80134

Title	CEO
Name	KRAMER, MATTHEW C
Address	10233 SOUTH PARKER ROAD SUITE 300
City-State-Zip:	PARKER CO 80134

Title	TREASURER
Name	GRAYSTON, MICHAEL
Address	10233 SOUTH PARKER ROAD SUITE 300
City-State-Zip:	PARKER CO 80134

Title	FINANCIAL CONTROLLER
Name	BURKE, SHANELLE
Address	10233 SOUTH PARKER ROAD SUITE 300
City-State-Zip:	PARKER CO 80134

Title	SECRETARY
Name	GILL, JOHN
Address	10233 SOUTH PARKER ROAD SUITE 300
City-State-Zip:	PARKER CO 80134

Title	CHIEF CLAIMS OFFICER
Name	BARG, MARINA
Address	10233 SOUTH PARKER ROAD SUITE 300
City-State-Zip:	PARKER CO 80134

Title	CFO
Name	CHEN, WILL
Address	10233 SOUTH PARKER ROAD SUITE 300
City-State-Zip:	PARKER CO 80134

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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:** JOHN GILL**SECRETARY****04/23/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title CHIEF INFORMATION OFFICER  
Name WILLIAMS, OWEN  
Address 10233 SOUTH PARKER ROAD  
SUITE 300  
City-State-Zip: PARKER CO 80134

Title DIRECTOR  
Name WILCOX, MARK  
Address 10233 SOUTH PARKER ROAD  
SUITE 300  
City-State-Zip: PARKER CO 80134

Title CHIEF UNDERWRITING OFFICER  
Name PAULSON, JESSE  
Address 10233 SOUTH PARKER ROAD  
SUITE 300  
City-State-Zip: PARKER CO 80134

Title DIRECTOR  
Name KRAMER, MATTHEW C  
Address 10233 SOUTH PARKER ROAD  
SUITE 300  
City-State-Zip: PARKER CO 80134

Title PRESIDENT  
Name KRAMER, MATTHEW C  
Address 10233 SOUTH PARKER ROAD  
SUITE 300  
City-State-Zip: PARKER CO 80134

Title COO  
Name JOHNSON, ELIZABETH  
Address 10233 SOUTH PARKER ROAD  
SUITE 300  
City-State-Zip: PARKER CO 80134

Title CHIEF RISK OFFICER  
Name GUIJARRO, STEPHEN  
Address 10233 SOUTH PARKER ROAD  
SUITE 300  
City-State-Zip: PARKER CO 80134

Title DIRECTOR  
Name CHEN, MARY  
Address 10233 SOUTH PARKER ROAD  
SUITE 300  
City-State-Zip: PARKER CO 80134