

2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000005047

Entity Name: ASCOT SURETY & CASUALTY COMPANY**Current Principal Place of Business:**55 WEST 46TH STREET
26TH FL, LEGAL & COMPLIANCE
NEW YORK, NY 10036**Current Mailing Address:**55 WEST 46TH STREET
26TH FL, LEGAL & COMPLIANCE
NEW YORK, NY 10036 US**FEI Number:** 46-0310317**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SERVICE COMPANY
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 DIRECTOR
Name KALVIK, TOM
Address 55 WEST 46TH STREET
26TH FL, LEGAL & COMPLIANCE
City-State-Zip: NEW YORK NY 10036

Title CFO
Name CHEN, WILL
Address 55 WEST 46TH STREET
26TH FL, LEGAL & COMPLIANCE
City-State-Zip: NEW YORK NY 10036

Title TREASURER
Name GRAYSTON, MICHAEL
Address 55 WEST 46TH STREET
26TH FL, LEGAL & COMPLIANCE
City-State-Zip: NEW YORK NY 10036

Title FINANCIAL CONTROLLER
Name BURKE, SHANELLE
Address 55 WEST 46TH STREET
26TH FL, LEGAL & COMPLIANCE
City-State-Zip: NEW YORK NY 10036

Title CHIEF RISK OFFICER
Name GUIJARRO, STEPHEN
Address 55 WEST 46TH STREET
26TH FL, LEGAL & COMPLIANCE
City-State-Zip: NEW YORK NY 10036

Title CHIEF CLAIMS OFFICER
Name BARG, MARINA
Address 55 WEST 46TH STREET
26TH FL, LEGAL & COMPLIANCE
City-State-Zip: NEW YORK NY 10036

Title COO
Name JOHNSON, ELIZABETH
Address 55 WEST 46TH STREET
26TH FL, LEGAL & COMPLIANCE
City-State-Zip: NEW YORK NY 10036

Title DIRECTOR
Name KRAMER, MATTHEW C
Address 55 WEST 46TH STREET
26TH FL, LEGAL & COMPLIANCE
City-State-Zip: NEW YORK NY 10036

Continues on page 2

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****03/28/2025**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title CEO
Name KRAMER, MATTHEW C
Address 55 WEST 46TH STREET
 26TH FL, LEGAL & COMPLIANCE
City-State-Zip: NEW YORK NY 10036

Title CHIEF UNDERWRITING OFFICER
Name PAULSON, JESSE
Address 55 WEST 46TH STREET
 26TH FL, LEGAL & COMPLIANCE
City-State-Zip: NEW YORK NY 10036

Title SECRETARY
Name GILL, JOHN
Address 55 WEST 46TH STREET
 26TH FL, LEGAL & COMPLIANCE
City-State-Zip: NEW YORK NY 10036

Title DIRECTOR
Name SUTHERLAND, SUSAN
Address 55 WEST 46TH STREET
 26TH FL, LEGAL & COMPLIANCE
City-State-Zip: NEW YORK NY 10036

Title PRESIDENT
Name KRAMER, MATTHEW C
Address 55 WEST 46TH STREET
 26TH FL, LEGAL & COMPLIANCE
City-State-Zip: NEW YORK NY 10036

Title CHIEF INFORMATION OFFICER
Name WILLIAMS, OWEN
Address 55 WEST 46TH STREET
 26TH FL, LEGAL & COMPLIANCE
City-State-Zip: NEW YORK NY 10036