

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000000035

**Entity Name:** ASCOT UNDERWRITING INC.

**Current Principal Place of Business:**

825 TOWN & COUNTRY LANE  
500  
HOUSTON, TX 77024

**FILED**  
**Apr 28, 2021**  
**Secretary of State**  
**6753564670CC**

**Current Mailing Address:**

825 TOWN & COUNTRY LANE  
500  
HOUSTON, TX 77024 US

**FEI Number:** 26-0586977

**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 DIRECTOR  
Name JOHNSON, ELIZABETH  
Address 825 TOWN & COUNTRY LANE  
500  
City-State-Zip: HOUSTON TX 77024

Title DIRECTOR  
Name GRAYSTON, MICHAEL  
Address 825 TOWN & COUNTRY LANE  
500  
City-State-Zip: HOUSTON TX 77024

Title DIRECTOR  
Name ZAFFINO, JONATHAN  
Address 825 TOWN & COUNTRY LANE  
500  
City-State-Zip: HOUSTON TX 77024

Title DIRECTOR  
Name BURKE, SHANELLE  
Address 825 TOWN & COUNTRY LANE  
500  
City-State-Zip: HOUSTON TX 77024

Title DIRECTOR  
Name SIPOS, JEFF A.  
Address 825 TOWN & COUNTRY LANE  
500  
City-State-Zip: HOUSTON TX 77024

Title CEO  
Name KRAMER, MATTHEW  
Address 825 TOWN & COUNTRY LANE  
500  
City-State-Zip: HOUSTON TX 77024

Title CHIEF RISK OFFICER  
Name GUIJARRO, STEVEN  
Address 825 TOWN & COUNTRY LANE  
500  
City-State-Zip: HOUSTON TX 77024

Title TREASURER  
Name GRAYSTON, MICHAEL  
Address 825 TOWN & COUNTRY LANE  
500  
City-State-Zip: HOUSTON TX 77024

**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:** JEFF A. SIPOS

**SECRETARY**

**04/28/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title HEAD OF HUMAN RESOURCES  
Name BALZARANO, AMY  
Address 825 TOWN & COUNTRY LANE  
500  
City-State-Zip: HOUSTON TX 77024

Title CONTROLLER  
Name BURKE, SHANELLE  
Address 825 TOWN & COUNTRY LANE  
500  
City-State-Zip: HOUSTON TX 77024

Title CHIEF UNDERWRITING OFIICER  
Name JOHNSON, ELIZABETH  
Address 825 TOWN & COUNTRY LANE  
500  
City-State-Zip: HOUSTON TX 77024

Title SECRETARY  
Name SIPOS, JEFF A.  
Address 825 TOWN & COUNTRY LANE  
500  
City-State-Zip: HOUSTON TX 77024