

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F21000006617

**Entity Name:** COVER WHALE INSURANCE SOLUTIONS INC.**Current Principal Place of Business:**180 MAIDEN LANE  
SUITE 802  
NEW YORK, NY 10038**Current Mailing Address:**180 MAIDEN LANE  
SUITE 802  
NEW YORK, NY 10038 US**FEI Number:** 83-3741770**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENTS INC.  
7901 4 ST N STE 300  
ST PETERSBURG, FL 33702 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	DS
Name	ABRAHAMSEN, DANIEL CEO
Address	180 MAIDEN LANE SUITE 802
City-State-Zip:	NEW YORK NY 10038

Title	CFO
Name	BEBOUT, EUGENE
Address	180 MAIDEN LANE SUITE 802
City-State-Zip:	NEW YORK NY 10038

Title	D
Name	LEARY, JOSEPH
Address	180 MAIDEN LANE SUITE 802
City-State-Zip:	NEW YORK NY 10038

Title	DP
Name	ABRAMSON, KEVIN
Address	180 MAIDEN LANE SUITE 802
City-State-Zip:	NEW YORK NY 10038

Title	D
Name	SCHEINFELD, RYAN
Address	180 MAIDEN LANE SUITE 802
City-State-Zip:	NEW YORK NY 10038

Title	DIRECTOR
Name	HENRY, JOSEPH
Address	180 MAIDEN LANE SUITE 802
City-State-Zip:	NEW YORK NY 10038

*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:** EUGENE BEBOUT

CFO

05/17/2023

Electronic Signature of Signing Officer/Director Detail

Date