

2025 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:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
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 ABRAHAMSEN, DANIEL
Address 180 MAIDEN LANE
SUITE 802
City-State-Zip: NEW YORK NY 10038

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

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

Title DIRECTOR
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

Title CEO
Name ABRAHAMSEN, DANIEL
Address 180 MAIDEN LANE
SUITE 802
City-State-Zip: NEW YORK NY 10038

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

Title COO
Name SIRY, DARRYL
Address 180 MAIDEN LANE
SUITE 802
City-State-Zip: NEW YORK NY 10038

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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: EUGENE BEBOUT**CHIEF FINANCIAL
OFFICER****03/11/2025**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title GENERAL COUNSEL
Name DUGAN, RACHAEL
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 CORPORATE SECRETARY
Name DUGAN, RACHAEL
Address 180 MAIDEN LANE
 SUITE 802
City-State-Zip: NEW YORK NY 10038

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