

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F22000000305

Entity Name: STRATUS RISK MANAGEMENT ASSOCIATES, INC.

Current Principal Place of Business:

66 HUDSON BOULEVARD EAST
NEW YORK, NY 10001

Current Mailing Address:

66 HUDSON BOULEVARD EAST
NEW YORK, NY 10001 US

FEI Number: 87-3142239

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 DAVOREN, PETER J.
Address 66 HUDSON BOULEVARD EAST
City-State-Zip: NEW YORK NY 10001

Title DIRECTOR
Name BECK, G. CHRISTOPHER
Address 66 HUDSON BOULEVARD EAST
City-State-Zip: NEW YORK NY 10001

Title PRESIDENT
Name KING, KEVIN R.
Address 66 HUDSON BOULEVARD EAST
City-State-Zip: NEW YORK NY 10001

Title EXECUTIVE VICE PRESIDENT &
CHIEF FINANCIAL OFFICER
Name ANDRESKY, CHRISTA E.
Address 66 HUDSON BOULEVARD EAST
City-State-Zip: NEW YORK NY 10001

Title ASSISTANT CORPORATE
SECRETARY
Name LAFLEUR, CLAUDIA A.
Address 66 HUDSON BOULEVARD EAST
City-State-Zip: NEW YORK NY 10001

Title ASSISTANT CORPORATE
SECRETARY
Name FOGARTY, REGINA
Address 66 HUDSON BOULEVARD EAST
City-State-Zip: NEW YORK NY 10001

Title VICE PRESIDENT & TREASURER
Name NAKKA, CHAI
Address 66 HUDSON BOULEVARD EAST
City-State-Zip: NEW YORK NY 10001

Title SECRETARY
Name BLAKE, PATRICK D.
Address 66 HUDSON BOULEVARD EAST
City-State-Zip: NEW YORK NY 10001

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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: PATRICK D. BLAKE

SECRETARY

04/05/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ANDRESKY, CHRISTA E.
Address 66 HUDSON BOULEVARD EAST
City-State-Zip: NEW YORK NY 10001