

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F22000000305

Entity Name: STRATUS RISK MANAGEMENT ASSOCIATES, INC.**Current Principal Place of Business:**375 HUDSON STREET 6TH FLOOR
NEW YORK, NY 10014**Current Mailing Address:**375 HUDSON STREET 6TH FLOOR
NEW YORK, NY 10014**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 D
Name DAVOREN, PETER J
Address 375 HUDSON STREET 6TH FLOOR
City-State-Zip: NEW YORK NY 10014

Title DCFO
Name ANDRESKY, CHRISTA E
Address 375 HUDSON STREET 6TH FLOOR
City-State-Zip: NEW YORK NY 10014

Title PD
Name KING, KEVIN
Address 375 HUDSON STREET 6TH FLOOR
City-State-Zip: NEW YORK NY 10014

Title S
Name BLAKE, PATRICK D
Address 375 HUDSON STREET 6TH FLOOR
City-State-Zip: NEW YORK NY 10014

Title ASST. SECRETARY
Name LAFLEUR, CLAUDIA A.
Address 375 HUDSON STREET 6TH FLOOR
City-State-Zip: NEW YORK NY 10014

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: LAFLEUR, CLAUDIA A.**ASSISTANT SECRETARY** 03/16/2023

Electronic Signature of Signing Officer/Director Detail

Date