

## **Credit Risk Surety, LLC**

**Introduction.** The information contained hereafter fairly presents Credit Risk Surety, LLC for the process of investigating the company. Credit Risk Surety, LLC owns **SuretyScore<sup>sm</sup>** a commercial credit risk rating model and Church Underwriting Platform with all registrations and copyrights associated therewith. These products are comprehensive tools to analyze business and owner data in a timely manner, and accurately rate credit risk associated with individual credits as well as total portfolio risk. Credit Risk Surety, LLC also offers consulting services for commercial loan origination, business loan policy and procedures, independent loan review, independent appraisal reviews and strategic planning.

**Intellectual Property.** **SuretyScore<sup>sm</sup>** and associated materials, trade name, registrations, patents, copyrights, trademarks, service marks, moral rights, goodwill, forms, and the like are the property of Credit Risk Surety, LLC. Intellectual properties shall not be used for any purpose other than as a tool to identify, price and manage commercial credit risk, and shall not be modified, reproduced, distributed, reverse engineered, decompiled, or disassembled.

**Organization Structure and Financials.** As a closely-held company, Credit Risk Surety, LLC safeguards privacy and financial records. The company will gladly answer specific questions related to organization structure and financials.

**Insurance.** Credit Risk Surety, LLC maintains a Business Policy with General Liability, Employment Practices Liability, Blanket Additional Insured Coverage, and Technology Services Coverage.

**Litigation.** None.

**Regulatory and Compliance.** Credit Risk Surety, LLC has two Certified Compliance Experts for financial institutions on staff. One Expert is a dedicated Risk Officer. Company operations, activities, protocols, internal controls, procedures, and policies are reviewed regularly.

# Insurance



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/17/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> BETZ ROSETTI & ASSOCIATES INC 43230426 2304 19TH STREET SUITE 102 GULFPORT MS 39501	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C, No, Ext):</b> (866) 467-8730	<b>FAX (A/C, No):</b> (888) 443-6112
<b>E-MAIL ADDRESS:</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC#</b>
<b>INSURED</b> Credit Risk Surety, LLC 2604 WASHINGTON AVE PASCAGOULA MS 39567-1466	<b>INSURER A:</b> Property and Casualty Insurance Company of Hartford	34690
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> General Liability			43 SBM BT1R2B	07/01/2025	07/01/2026	EACH OCCURRENCE	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED: RETENTION \$						EACH OCCURRENCE	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	OTH-ER
A	Employment Practices Liability Insurance			43 SBM BT1R2B	07/01/2025	07/01/2026	Each Claim Limit	\$25,000
							Annual Aggregate Limit	\$25,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 The Business Liability Coverage Part includes a Blanket Additional Insured By Contract Endorsement, Form SL 30 32.

**CERTIFICATE HOLDER****CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*Susan L. Castaneda*

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# Organization and good standing documents

**F0100**  
**Fee: \$ 50**



**Michael Watson**  
SECRETARY OF STATE

**2020335431**

Business ID: 1239417  
Filed: 10/01/2020 04:02 PM  
Michael Watson  
Secretary of State

P.O. BOX 136  
JACKSON, MS 39205-0136  
TELEPHONE: (601) 359-1633

**Mississippi Limited Liability Company Certificate of Formation**

**Business Information**

**Business Type:** Limited Liability Company  
**Business Name:** Credit Risk Surety, LLC  
**Business Email:** pthompsonjr@cableone.net

**NAICS Code/Nature of Business**

561110 - Office Administrative Services

**Registered Agent**

**Name:** Scott Corlew  
**Address:** 3106 Canty Street  
Pascagoula, MS 39567

**Signature**

The undersigned certifies that:

- 1) he/she has notified the above-named registered agent of this appointment;
- 2) he/she has provided the agent an address for the company, and;
- 3) the agent has agreed to serve as registered agent for this company

By entering my name in the space provided, I certify that I am authorized to file this document on behalf of this entity, have examined the document and, to the best of my knowledge and belief, it is true, correct and complete as of this day **10/01/2020**.

**Name:**  
Paul O Thompson Jr  
Manager

**Address:**  
2604 Washington Ave  
Pascagoula, MS 39567

**F0108**  
**Fee: \$**



**Michael Watson**  
SECRETARY OF STATE

**2025044057**

Business ID: 1239417  
Filed: 01/22/2025 01:16 PM  
Michael Watson  
Secretary of State

P.O. BOX 136  
JACKSON, MS 39205-0136  
TELEPHONE: (601) 359-1633

**2025 LLC Annual Report**

**Business Information**

**Business ID:** 1239417

**Business Name:** Credit Risk Surety, LLC

**State of Incorporation:** MS

**Business Email:** pthompsonjr12@gmail.com

**Phone:** (\*\*\*)\*\*\*-\*\*\*\*

**FEIN:** \*\*-\*\*\*\*\*

**Principal Address:** 2604 Washington Ave  
Pascagoula, MS 39567

**Registered Agent**

**Name:** Scott Corlew

**Address:** 3106 Canty Street  
Pascagoula, MS 39567

**Managers and Members**

**Managers**

**Name:**

Paul O Thompson Jr  
Manager

**Address:**

2604 Washington Ave  
Pascagoula, MS 39567

**Officers**

**Title/Name:**

**Address:**

**Director:**

**President:**

**Vice President:**

**Secretary:**

**Treasurer:**

This LLC has a written Operating Agreement.

**NAICS Code/Nature of Business**

561110 - Office Administrative Services

**Signature**

By entering my name in the space provided, I certify that I am authorized to file this document on behalf of this entity, have examined the document and, to the best of my knowledge and belief, it is true, correct and complete as of this day **01/22/2025**.

***Name:***

Paul O Thompson Jr

*Other*

***Address:***

2604 Washington Ave

Pascagoula, MS 39567

**Officers List**

***Name:***

Paul O Thompson Jr  
*Manager*

***Address:***

2604 Washington Ave  
Pascagoula, MS 39567



# Michael Watson

## SECRETARY OF STATE

This is not an official certificate of good standing.

### Name History

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Name	Name Type
Credit Risk Surety, LLC	Legal

### Business Information

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<b>Business Type:</b>	Limited Liability Company
<b>Business ID:</b>	1239417
<b>Status:</b>	Good Standing
<b>Effective Date:</b>	10/01/2020
<b>State of Incorporation:</b>	Mississippi
<b>Principal Office Address:</b>	2604 Washington Ave Pascagoula, MS 39567

### Registered Agent

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<b>Name</b>
Scott Corlew 3106 Canty Street Pascagoula, MS 39567

### Officers & Directors

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Name	Title
Paul O Thompson Jr 2604 Washington Ave Pascagoula, MS 39567	Manager