



DOCUMENT OF COMPLIANCE

Issued under the provisions of the **INTERNATIONAL CONVENTION FOR THE SAFETY OF LIFE AT SEA, 1974**, as amended
under the authority of the Government of

Republic of the Marshall Islands

(name of state)

by the **AMERICAN BUREAU OF SHIPPING**

Name and address of the Company: OSG SHIP MANAGEMENT, INC.
(see paragraph 1.1.2 of the ISM Code)

TWO HARBOUR PLACE 302 KNIGHTS RUN AVE., SUITE 1200

TAMPA FL 33602 United States

Company identification number: 1669943

THIS IS TO CERTIFY THAT the Safety Management System of the Company has been audited and that it complies with the requirements of the International Management Code for the Safe Operation of Ships and for Pollution Prevention (ISM Code) for the types of ships listed below (delete as appropriate):

- ~~Passenger Ship~~ ~~Other Cargo Ship~~
- ~~Passenger high Speed Craft~~
- ~~Cargo High Speed Craft~~
- ~~Bulk Carrier~~
- Oil Tanker
- Chemical Tanker
- ~~Gas Carrier~~
- ~~Mobile Offshore Drilling Unit~~

This Document of Compliance is valid until 17 September 2027, subject to periodical verification.

Completion date of the verification on which this certificate is based: 26 August 2022

Issued at: Fort Lauderdale, United States
(place of issue of the document)

Date of Issue: 27 September 2022



Electronically Signed By
Marwah, Jaskaran Deep Singh Fort Lauderdale Port
(Signature of the duly authorized official issuing the certificate)

ENDORSEMENT FOR ANNUAL VERIFICATION

THIS IS TO CERTIFY THAT at the periodical verification in accordance with regulation IX/6.1 of the Convention and paragraph 13.4 of the ISM Code, the Safety Management System was found to comply with the requirements of the ISM Code.

1st ANNUAL VERIFICATION

Signed: _____

[Handwritten Signature]
(Signature of authorized official)

Place: _____

Tampa, FL.

Date: _____

27 September 2023



2nd ANNUAL VERIFICATION

Signed: _____

(Signature of authorized official)

Place: _____

Date: _____

3rd ANNUAL VERIFICATION

Signed: _____

(Signature of authorized official)

Place: _____

Date: _____

4th ANNUAL VERIFICATION

Signed: _____

(Signature of authorized official)

Place: _____

Date: _____

