F24000000498

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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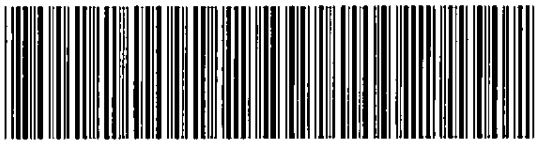

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hadron Specialty Insurance Company
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Kheva Flowers
Name of Person

Mitchell, Williams Selig, Gates & Woodyard, PLLC
Firm/Company

500 W. 5th Street, Suite 1150
Address

Austin, Texas 78701
City/State and Zip code

steve.stephan@hadroninsurance.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kheva Flowers at (512) 480-5101
Name of Person — Area Code — Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:
Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

■ $70.00 Filing Fee
☐ $78.75 Filing Fee & Certificate of Status
☐ $78.75 Filing Fee & Certified Copy
☐ $87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Hadron Specialty Insurance Company
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Arkansas
(State or country under the law of which it is incorporated)

3. 92-3377583
(FEI number, if applicable)

4. 03/04/23
(Date of incorporation)

5.
(Date of duration, if other than perpetual)

6.
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 425 West Capitol Avenue, Suite 1800, Little Rock, AR 72201
(Principal office **street** address)

12600 Deerfield Pkwy, Suite 100, Alpharetta, GA 30004
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: See Uniform Consent to Service of Process-Florida Chief Financial Officer

Office Address: Service of Process, 200 East Gaines Street

Tallahassee (City), Florida 32314 (Zip code)

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9. **Registered agent's acceptance:**
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐Chairman Name: Steven Patrick Stephan

☐Vice Chairman Address: 12600 Deerfield Pkwy.

☐Director Ste. 100, Alpharetta, GA 30004

☐President

☐Vice President

■Secretary ☐Treasurer

☐Other ☐Other

☐Chairman Name: Justin Daniels Faust

☐Vice Chairman Address: 12600 Deerfield Pkwy.

☐Director Ste. 100, Alpharetta, GA 30004

☐President

☐Vice President

☐Secretary ■Treasurer

☐Other ☐Other

☐Chairman Name: Paul Springman

☐Vice Chairman Address: 12600 Deerfield Pkwy,

■Director Ste. 100, Alpharetta, GA 30004

☐President

☐Vice President

☐Secretary ☐Treasurer

☐Other ☐Other

☐Chairman Name:

☐Vice Chairman Address:

☐Director

☐President

☐Vice President

☐Secretary ☐Treasurer

☐Other ☐Other

☐Chairman Name:

☐Vice Chairman Address:

☐Director

☐President

☐Vice President

☐Secretary ☐Treasurer

☐Other ☐Other

☐Chairman Name:

☐Vice Chairman Address:

☐Director

☐President

☐Vice President

☐Secretary ☐Treasurer

☐Other ☐Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. Steve Stephan
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Steve Patrick Stephan
(Typed or printed name and capacity of person signing application)

N° 3238

Arkansas
Certificate of Authority

THIS IS TO CERTIFY, That, pursuant to the Insurance Code of the State of Arkansas,

Hadron Specialty Insurance Company

of Little Rock, Arkansas

organized under the laws of Arkansas, *having presented satisfactory evidence of compliance, this Original Certificate of Authority is hereby granted authorizing the following classes of insurance:*

Property, Casualty (Excluding Workers Compensation), Surety, Marine and Accident & Health

subject to all provisions of this Certificate as such classes are now or may hereafter be defined in the Insurance Laws of the State of Arkansas. The Company is hereby designated as a domestic surplus lines insurer, pursuant to Ark. Code Ann. §23-65-320.

THIS CERTIFICATE is expressly conditioned upon the holder hereof now and hereafter being in full compliance with all, and not in violation of any, of the applicable laws and lawful requirements made under authority of the laws of the State of Arkansas as long as such laws or requirements are in effect and applicable, and as such laws and requirements now are, or may hereafter be changed or amended.

IN WITNESS WHEREOF, effective as of the 24th day of October 2023. I have hereunto set my hand and caused my

STATE OF ARKANSAS
State Insurance Department

CERTIFICATE

I, the undersigned Insurance Commissioner of Arkansas, do hereby certify that the foregoing document hereto attached contains a true and complete copy of the:

Certificate of Authority

for

Hadron Specialty Insurance Company

And that the original is now among the files of my office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of this Department at the City of Little Rock, Arkansas, this 31st day of October 2023.

Alan McClain

.....
Insurance Commissioner

.....
Insurance Senior Examiner

Hugh McDonald
SECRETARY OF COMMERCE

Alan McClain
COMMISSIONER,
ARKANSAS INSURANCE
DEPARTMENT

Arkansas Insurance Department
Finance Division
Compliance Certificate

Name: Hadron Specialty Insurance Company **NAIC#** 17534

D/B/A (if applicable): N/A

Address: 425 West Capitol Avenue, Suite 1800

City/State/Zip: Little Rock, Arkansas 72201

1. **State Licensure:** Does the insurer named above currently hold a license to conduct business?

   - Yes, the insurer is licensed as a domestic surplus lines insurer pursuant to Arkansas Code Ann. §23-65-320 (Certificate of Authority #3238). The insurer is authorized to write the following lines: Property, Casualty (Excluding Workers Compensation), Surety, Marine and Accident & Health.

2. **Financial Requirements:** Does the insurer named above comply with applicable statutory financial requirements. Domestic surplus lines insurers are required to maintain capital and surplus of at least $15,000,000.

   - Yes, at initial licensure, the insurer possessed capital and surplus of $100,005,065.48 as of October 18, 2023.

11/13/2023
Date

Signature

Arkansas Department of Commerce
Arkansas Insurance Department
1 Commerce Way, Suite 505 · Little Rock, AR 72202-2087
INSURANCE.ARKANSAS.GOV