

F13000002708

(Requestor's Name)

(Address)\*

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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MRS  
6/21/13

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13 JUN 19 PM 3:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Jamison Special Risk, Inc.

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:

Steve Lawrence

Name of Person

Jamison Special Risk, Inc.

Firm/Company

100 Executive Dr. Suite 200

Address

West Orange, NJ 07052

City/State and Zip code

gbebout@jamisongroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steve Lawrence

Name of Person

at ( 973 ) 669-2301

Area Code & Daytime Telephone Number

### STREET/COURIER ADDRESS:

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

### MAILING ADDRESS:

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$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



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13 JUN 19 AM 9:51

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

March 20, 2013

STEVE LAWRENCE  
JAMISON SPECIAL RISK, INC.  
100 EXECUTIVE DR. SUITE 200  
WEST ORANGE, NJ 07052

SUBJECT: JAMISON SPECIAL RISK, INC.  
Ref. Number: W13000016456

We have received your document for JAMISON SPECIAL RISK, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Ruby Dunlap  
Regulatory Specialist II

Letter Number: 213A00006593

# JSR

JAMISON SPECIAL RISK, INC.


INSURANCE WHOLESALERS

June 21, 2013

Division of Corporations  
Registrations Section  
P.O. Box 6327  
Tallahassee, FL 32314

RE: CERTIFICATE OF AUTHORITY  
STATE OF FLORIDA

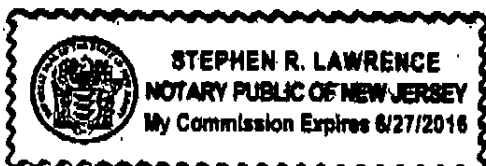
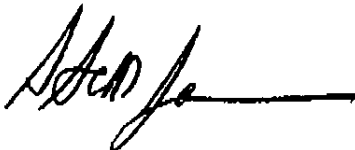
The dissolution for Jamison Special Risk, Inc. as a resident entity will not be revoked and the name can be released to Jamison Special Risk, Inc. to use for the filing as a nonresident entity with the Florida Division of Corporations.



Sean M. Pattwell  
Co-CEO  
Jamison Special Risk, Inc.

Encl.

Sworn to and subscribed  
before me this  
21 day of June, 2013



**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. Jamison Special Risk, Inc.  
(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. NJ 3. 22-2793679  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 2/5/87 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "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. 100 Executive Dr. Suite 200 West Orange, NJ 07052  
(Principal office address)  
100 Executive Dr. Suite 200 West Orange, NJ 07052  
(Current mailing address)

8. Insurance Services  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: Corporation Service Company  
Office Address: 1201 Hays Street  
Tallahassee, Florida 32301  
(City) (Zip code)

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TALLAHASSEE, FLORIDA

**10. 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.*

Corporation Service Company

By: Nichola Jackson

(Registered agent's signature)

11. 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.

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Please see attached

Address: \_\_\_\_\_

By: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Please see attached

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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.

14. \_\_\_\_\_

Sean M. Patten, CEO

(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

**Jamison Special Risk, Inc. Officers & Directors**

<b>Name</b>	<b>Title</b>
David A Donnini	Director
Aaron D Cohen	Director
Joseph P Nolan	Director
Tannaz S Chapman	Director
Jimmy W Henderson	Director - Senior VP
Thomas E Riley	Director - Senior VP - Sec
Paul Vredenburg	Director - Senior VP
Stanley K Kinnett II	Chief Corporate Counsel
John O. McDonald	Co-CEO, Director
Sean M. Pattwell	Co-CEO, Director
Eugene W. Bebout	CFO - Senior VP
AssuredPartners Capital, Inc.	Shareholder, 100% ownership

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**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING**

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**JAMISON SPECIAL RISK, INC.**

0100326080

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*With the Previous or Alternate Name*

**HL JAMISON EXCESS COMPANY, INC. (Previous Name)**

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on February 5, 1987.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and registered office are:*

*Corporation Service Company  
830 Bear Tavern Road  
West Trenton, NJ 08628*



Certification# 127703716

*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed my  
Official Seal at Trenton, this  
13th day of March, 2013*

A handwritten signature in black ink, appearing to read "Andrew P. Sidamon-Eristoff".

*Andrew P Sidamon-Eristoff  
State Treasurer*

Verify this certificate at  
[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)