

F17000002772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

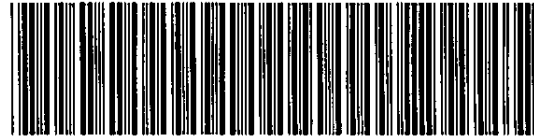
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

*certificate is issued by
the Office of the Commissioner
of Insurance & NOT By The
SOS for this Insurance
Company*

W17-47532 CW

Office Use Only



900299629599

06/02/17--01016--016 **78.75

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2017 JUN -2 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

JUN 19 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 6, 2017

LAURIE SACCONI
PERR&KNIGHT
401 WILSHIRE BLVD, STE. 300
SANTA MONICA, CA 90401

SUBJECT: JM SPECIALTY INSURANCE COMPANY
Ref. Number: W17000047532

We have received your document for JM SPECIALTY INSURANCE COMPANY and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 217A00011316

COVER LETTER

TO: Registration Section
Division of Corporations
JM Specialty Insurance Company

SUBJECT: _____
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:
Laurie Saccone

Name of Person	
Perr&Knight	

401 Wilshire Blvd., Suite 300	Firm/Company
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Address

Santa Monica, CA 90401

City/State and Zip code

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

For further information concerning this matter, please call:

Kim Kuen 920 521-2386
_____ at (_____) _____
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

**Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301**

MAILING ADDRESS:

Registration 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

**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.*

JM Specialty Insurance Company

1. _____
(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)
Wisconsin 37-1845919

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
1/3/2017 perpetual

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
has not transacted business in Florida

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

24 Jewelers Park Drive, Neenah, WI 54956

7. _____
(Principal office address)

24 Jewelers Park Drive, Neenah, WI 54956

(Current mailing address, if different)

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

Name: Florida Chief Financial Officer as RA

Office Address: 200 East Gaines St.

Tallahassee, Florida 32399
(City) (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. Names and business addresses of officers and/or directors:

A. DIRECTORS

Please see attached list for names (all directors/officers are at the same address below)

Chairman: _____

24 Jewelers Park Drive, Neenah, WI 54956

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

Please see attached list for names (all directors/officers are at the same address below)

President: _____

24 Jewelers Park Drive, Neenah, WI 54956

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.

12. _____

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. Mark Willson, Secretary

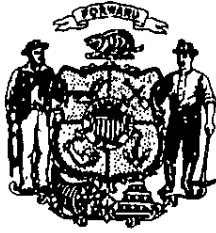
(Typed or printed name and capacity of person signing application)

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Officer & Director List for JM Specialty Insurance Company

David Scott Murphy – President & CEO/Director
Kathryn Sieman- VP CFO & Treasurer
Mike Alexander-SVP Commercial Lines
Bryon Nelson-VP Product Management and Risk Management
Dylan Place-VP Actuarial Services
David Sexton-VP Loss Prevention
Mark Willson-VP, General Counsel/Secretary
Michael Pelto-VP/Chief Information Officer
Jonathan Bridge-Director
Mark Fiebrink-Director
Sherry Manetta-Director
John Ward-Director
Howard Lundgren-Director
Dione Kenyon-Director
Kurt Skeckbeck-Director
Alexander Barcados-Director
Craig Underwood-Director

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**State of Wisconsin
Office of the Commissioner of Insurance
P.O. Box 7873
Madison, Wisconsin 53707-7873**

Certification of the Authenticity of Copy of Document on File

The Commissioner of Insurance of the State of Wisconsin certifies that the attached copy of

CERTIFICATE OF AUTHORITY

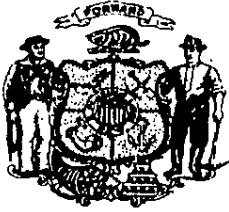
for JM Specialty Insurance Company

is a true and correct copy of the original now on file with the Office of the Commissioner of Insurance.

Dated at Madison, Wisconsin, this 27th day of April, 2017.

A handwritten signature in black ink, appearing to be "B. J. ...", written over a horizontal line.

Commissioner of Insurance



Certificate of Compliance State of Wisconsin

Office of the Commissioner of Insurance

As of This Date: **April 27, 2017**

As Commissioner of Insurance of the State of Wisconsin I have supervision of insurance business and as such hereby certify that.

JM Specialty Insurance Company

Domicile State: Wisconsin

Is duly authorized to transact the business of:

Fidelity Insurance
Fire, Inland Marine and Other Property Insurance
Liability and Incidental Medical Expense Insurance (other than automobile)
Miscellaneous
Ocean Marine Insurance
Surety Insurance

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IN TESTIMONY WHEREOF, I have hereunto set my hand.

A handwritten signature in black ink, appearing to be "K. J. ...", written over a horizontal line.

Commissioner of Insurance



Certificate of Authority State of Wisconsin

Office of the Commissioner of Insurance

Certificate No.: 500562947

Date Effective: 02/22/2017

License Chapter: 611 Wis. Stat.

This is to Certify, That pursuant to the Insurance Laws of the state of Wisconsin,

JM Specialty Insurance Company

WISCONSIN

Has paid the fees and taxes required by law and that it is hereby authorized to transact the business of:

Fidelity Insurance
Fire, Inland Marine and Other Property Insurance
Liability and Incidental Medical Expense Insurance (other than automobile)
Miscellaneous
Ocean Marine Insurance
Surety Insurance

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TALLAHASSEE, FLORIDA

Subject to the following limitations:

None

In the state of Wisconsin as long as the insurer continues to conform to the authority granted by this certificate, is 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 Wisconsin.

A handwritten signature in black ink, likely of the Commissioner of Insurance.

Commissioner of Insurance