

F17000005383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

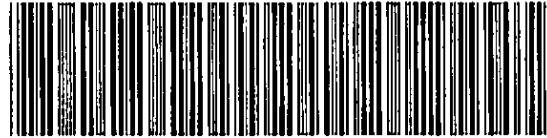
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

RASIN WN-78820

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10/04/17--01015--021 **78.75

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TALLAHASSEE, FLORIDA

S. WARREN

NOV 30 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 18, 2017

STEPHANIE WILLIAMS
1900 L. DON DODSON DRIVE
BEDFORD, TX 76021

SUBJECT: INDEPENDENT SPECIALTY INSURANCE COMPANY
Ref. Number: W17000078820

We have received your document for INDEPENDENT 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):

You failed to make the correction(s) requested in our previous letter.

The registered agent must sign accepting the designation.

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 617A00021092



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 4, 2017

STEPHANIE WILLIAMS
1900 L. DON DODSON DRIVE
BEDFORD, TX 76021

SUBJECT: INDEPENDENT SPECIALTY INSURANCE COMPANY
Ref. Number: W17000078820

We have received your document for INDEPENDENT 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):

ON LINE 6 UNKNOWN IS NOT ACCEPTABLE, IF YOU HAVE NOT CONDUCTED BUSINESS YET LEAVE BLANK,

The registered agent must sign accepting the designation.

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 517A00020111

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Independent 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:

Stephanie Williams

Name of Person

Independent Specialty Insurance Company

Firm/Company

1900 L. Don Dodson Drive

Address

Bedford, TX 76021

City/State and Zip code

snwilliams@statenational.com

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

For further information concerning this matter, please call:

Stephanie Williams

817

265-2000

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.

1. Independent Specialty Insurance Company
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. Delaware 3. 34-0860093
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 04/27/1959 5. Perpetual
(Date of incorporation) (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. 160 Greentree Drive, Suite 101, Dover, DE 19904
(Principal office address)
- 1900 L. Don Dodson Drive, Bedford, TX 76021
(Current mailing address, if different)

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

Name: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

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.

Peter F. Souza
Assistant Secretary

(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.

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Terry L. Ledbetter

Address: 1900 L. Don Dodson Drive
Bedford, TX 76021

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President: Matthew A. Freeman

Address: 1900 L. Don Dodson Drive
Bedford, TX 76021

Vice President:

Address:

Secretary: Lonnie K. Ledbetter, III

Address: 1900 L. Don Dodson Drive, Bedford, TX 76021

Treasurer: David D. Hale

Address: 1900 L. Don Dodson Drive, Bedford, TX 76021

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. Lonnie K. Ledbetter, III

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

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ATTORNEY GENERAL
OFFICE

Addendum to Question #11, Section B.

Assistant Secretary: David M. Cleff

Address: 1900 L. Don Dodson Drive

Bedford, TX 76021

FILED
17 NOV 27 PM 2:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

State of Delaware

Department of Insurance

CERTIFICATE OF COMPLIANCE/GOOD STANDING

NAIC Number: 39640

I, Trinidad Navarro, Insurance Commissioner of the State of Delaware, do hereby certify that as of September 13, 2017

INDEPENDENT SPECIALTY INSURANCE COMPANY

was duly organized under the laws of the State of Delaware, and authorized to issue policies and transact the business of insurance under the following Section(s) of Title 18, Delaware code:

Chapter 37 Credit Health

Section 903 Health

Section 904 Property

Section 905 Surety

Section 906 Casualty (a)(1) Vehicle

Section 906 Casualty (a)(2) Liability

Section 906 Casualty (a)(3) Workers Compensation
and Empl Liability

Section 906 Casualty (a)(4) Burglary and Theft

Section 906 Casualty (a)(5) Personal Property
Floater

Section 906 Casualty (a)(6) Glass

Section 906 Casualty (a)(7) Boiler and Machinery

Section 906 Casualty (a)(8) Leakage and Fire
Extinguisher Equipment

Section 906 Casualty (a)(9) Credit

Section 906 Casualty (a)(10) Malpractice

Section 906 Casualty (a)(11) Elevator

Section 906 Casualty (a)(12) Congenital Defects

Section 906 Casualty (a)(13) Livestock

Section 906 Casualty (a)(14) Entertainments

Section 906 Casualty (a)(15) Miscellaneous

Section 907 Marine and Transportation

AND FURTHER, INDEPENDENT SPECIALTY INSURANCE COMPANY has filed all required documents, paid all applicable fees and taxes, and is in good standing with the Delaware Department of Insurance.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the official seal of this Department at the City of Dover on September 13, 2017

