# F1900003385





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07/16/19--01027--008 \*\*79.78





### **COVER LETTER**

	tion Section of Corporations				
Si	aperior Specialty Insurance	Company			
SUBJECT: _	Name o	 of corporation	n - must include suffix		
Dear Sir or Mad	am:				
"Certificate of E	pplication by Foreign Co xistence," or "Certificate I foreign corporation to tr	of Good Star	nding" and check are su		
Please return all Stephanie Willian	correspondence concerni is	ng this matte	r to the following:		
		Name of	Person		***************************************
Superior Specialty	Insurance Company				
		Firm/Con	трапу		
1900 L Don Dods	on Drive				
		Addr	ess		
Bedford, TX 7601	21				
		City/State a	ind Zip code		
smwilliams@state				,	2015
	E-mail address	: (to be used	for future annual report	notification):	
For further infor	mation concerning this m	atter, please	call:	<u> </u>	2019 JUL 16
Stephanie William	ıs	817 at (	265-2000	7 ( ) ()	
Name o	f Person	Area Cod	le Daytime Telep	ohone Number	PH 4: 38
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 che	eck for the following amo	ount:			
□ \$70.00 Filing	Fee \$78.75 Filing Certificate of		7 \$78.75 Filing Fee & Certified Copy	S87.50 Filis Certificate Certified C	of Status &

## 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.

l	ty Insurance Company			
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION	, ,	
(If name unavaila	ble in Florida, enter alternate corporate name a	dopted for the purpose of transacting	g business in Florida)	
Delaware		48-1010625		
(State or country	r under the law of which it is incorporated)  5.	(FEI number, if applicable)		
	of incorporation)	(Date of duration, if other t	han perpetual)	
160 Greentree Dri	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15) ve, Suite 101, Dover, DE 19904		y)	
1900 L. Don Dod	(Principa ison Drive, Bedford, TX 76021	al office address)		
	(Current mailin	g address, if different)		
. Name and stree Name:	t address of Florida registered agent: (P.O National Registered Agents, Inc.	Box <u>NOT</u> acceptable)	2019 JUL 16 PM 4:3	
Office Address:	1200 South Pinc Island Road	<u></u>	16 F	
	Plantation	33324 , Florida	PH 4:	
	(City)	(Zip code)	$\frac{\pi}{2}$ : $\omega$	
laving been nam lesignated in this urther agree to co	nt's acceptance:  ed as registered agent and to accept service application, I hereby accept the appointm amply with the provisions of all statutes re- amiliar with and accept the obligations of Peter F.	nent as registered agent and agro- elative to the proper and comple. I my position as registered agent.	t corporation at the place te to act in this capacity. te performance of my	
<u></u>	Assistant S			

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:

Chairman	1900 I. Don Dodson Drive			
Address:	Bedford, TX 76021			
Vice Chai	rman:			
Address:				
L Nimaaat aas	David M. Cleff			
Address: _	1900 L Don Dodson Drive			
	Bedford, TX 76021			
- Director:	Matthew A. Freeman			
Address:	1900 L Don Dodson Drive		<del></del>	
	Bedford, TX 76021			
B. OFF	Matthew A. Freeman			
	1900 L Don Dodson Drive			
_	Bedford, TX 76021	- ::	2019 JUL	
Vice Presi	dent:	;=-: :=-:	JUL	
			- 6	7121
		- <u>(</u>	<del></del>	11(
Secretary:		<u> </u>	 မွ	
Address:	1900 L Don Dodson Drive, Bedford, TX 76021			
Treasurer:	April L. Duff			
Address:	4521 Highwoods, Pkwy., Glen Allen, VA 23060			
NOTE:	If necessary, you may attach an addendum to the application listing additional officers a	nd/or direc	iors.	
	Signature of Director or Officer			
are true a a third de	er or director signing this document (and who is listed in number 11 above) affirms that nd that he or the is aware that false information submitted in a document to the Departingree felony as provided for in s.817.155, F.S. d Martin Cleff, Secretary	the facts st ent of State	ated her e constit	em utes

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

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SUPERIOR SPECIALTY INSURANCE COMPANY"

IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS

IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF JULY, A.D.

2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SUPERIOR SPECIALTY INSURANCE COMPANY" WAS INCORPORATED ON THE THIRTY-FIRST DAY OF JANUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 203164192

Date: 07-05-19