

F200000004767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

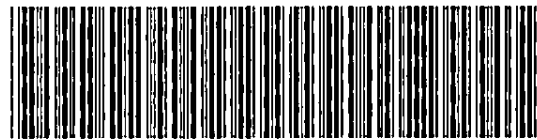
(Document Number)

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JANET M. HARRIS

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OCT 28 2020

M. SOLOMON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Obsidian 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:

Casey O'Donnell

Name of Person
Westmont Associates, Inc.
Firm/Company
1763 Marlton Pike East, Suite 200
Address
Cherry Hill, NJ 08003
City/State and Zip code
ccanelo@obsidianspecialty.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Casey O'Donnell	856	216-0220
_____ 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:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input checked="" type="checkbox"/> \$78.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee, Certificate of Status & Certified Copy |
|---|--|--|---|

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**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. Obsidian Insurance Company  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. Ohio 3. 31-0926059  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 2/9/1978 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. N/A  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 41 S. High Street Suite 1700 Columbus, Ohio 43215  
(Principal office address)
- 1330 Avenue of the Americas, Suite 23A New York, NY 10019  
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Chief Financial Officer
- Office Address: PO Box 6200 (32314-6200) 200 E. Gaines St.  
Tallahassee, Florida 32339  
(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.*

Chief Financial Officer

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

**A. DIRECTORS**

Chairman: Refer to attachment

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

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

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

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

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

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

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

**B. OFFICERS**

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

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

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

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

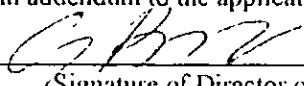
Secretary: \_\_\_\_\_

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. Craig Rappaport Treasurer  
(Typed or printed name and capacity of person signing application)

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CLERK OF STATE  
DEPARTMENT OF STATE

**Obsidian Insurance Company**

**Director and Officer List**

**Officers:**

William Jewett- Chief Executive Officer

Craig Rappaport- Chief Financial Officer and Treasurer

Emily Canelo- Chief Legal Officer and Secretary

**Business Address:**

1330 Avenue of the Americas, Suite 23A, New York, N.Y. 10019

1330 Avenue of the Americas, Suite 23A, New York, N.Y. 10019

1330 Avenue of the Americas, Suite 23A, New York, N.Y. 10019

**Directors:**

William Jewett

Craig Rappaport

Emily Canelo

Ryan Clark

Scott Niehaus

1330 Avenue of the Americas, Suite 23A, New York, N.Y. 10019

1330 Avenue of the Americas, Suite 23A, New York, N.Y. 10019

1330 Avenue of the Americas, Suite 23A, New York, N.Y. 10019

4 Embarcadero Center Suite 1900 San Francisco, CA 94111

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CLERK OF SUPERIOR COURT  
COUNTY OF SAN FRANCISCO

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UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF THE SECRETARY OF STATE

*I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show OBSIDIAN INSURANCE COMPANY, an Ohio corporation, Charter No. 511116, having its principal location in Columbus, County of Franklin, was incorporated on February 9, 1978 and is currently in GOOD STANDING upon the records of this office.*



*Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio  
this 28th day of September, A.D.  
2020.*

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 202027204692