

F21000001054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

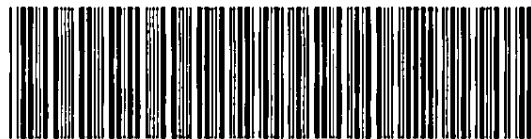
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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YS
2/16/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Obsidian 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:

Casey O'Donnell

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

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For further information concerning this matter, please call:

Casey O'Donnell	856	216-0220
_____ Name of Person	at (_____) 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 |
|---|--|--|---|

**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 Specialty Insurance Company
(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. Delaware 3. 85-1663261
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 06/16/2020 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. 251 Little Falls Drive Wilmington, DE 19808
(Principal office address)
1330 Avenue of the Americas Ste 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]
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, Chief Financial Officer
(Typed or printed name and capacity of person signing application)

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Obsidian Specialty 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 ✓
Andrew Aldoriso -Chief Underwriting Officer ✓
Stacy Armstrong- Chief Client Officer ✓

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
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
4 Embarcadero Center Suite 1900 San Francisco, CA 94111

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OBSIDIAN 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 ELEVENTH DAY OF FEBRUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OBSIDIAN SPECIALTY INSURANCE COMPANY" WAS INCORPORATED ON THE SIXTEENTH DAY OF JUNE, A.D. 2020.

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TALLAHASSEE, FL



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SR# 20210417067

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202497565

Date: 02-11-21