

F21000004281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

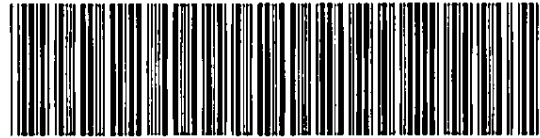
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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ADVISORY
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Accredited 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:

Michelle Smith

Name of Person

Accredited Specialty Insurance Company

Firm/Company

4798 New Broad Street, Suite 200

Address

Orlando, FL 32814

City/State and Zip code

ASlreg.filings@accredited-inc.com

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

For further information concerning this matter, please call:

Michelle Smith

at (407) 629-2131

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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.

Accredited Specialty Insurance Company

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co." or "Corp.")

N/A

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

Arizona 85-1940387

(State or country under the law of which it is incorporated)

(FEI number, if applicable)

July 8, 2020

Perpetual

(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)

4798 New Broad Street, Suite 200, Orlando, FL 32814

(Principal office street address)

P.O. Box 140855, Orlando, FL 32814

(Current mailing address, if different)

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

Name: Florida Chief Financial Officer

Office Address: 200 East Gaines Street

Tallahassee

Florida 32399

(Citv)

(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.

Pursuant to section 48.151(1), Florida Statutes, all authorized insurers (insurance companies) registered to do business in the state of Florida are required to designate the Chief Financial Officer of Florida as their Statutory Registered Agent for Service of Process

(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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A. DIRECTORS

☒ Chairman Name: Alan Quilter
☐ Vice Chairman Address: 4798 New Broad Street
☒ Director Suite 200
☐ President Orlando, FL 32814
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Patrick Rastiello
☐ Vice Chairman Address: 4798 New Broad Street
☒ Director Suite 200
☒ President Orlando, FL 32814
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other CEO ☐ Other _____

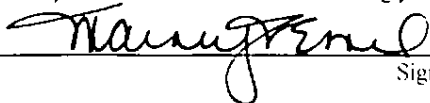
☐ Chairman Name: Marney Emel
☐ Vice Chairman Address: 4798 New Broad Street
☒ Director Suite 200
☐ President Orlando, FL 32814
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Sharon Jallad
☐ Vice Chairman Address: 4798 New Broad Street
☒ Director Suite 200
☐ President Orlando, FL 32814
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Antonio Barner
☐ Vice Chairman Address: 4798 New Broad Street
☐ Director Suite 200
☐ President Orlando, FL 32814
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Christopher Bartholet
☐ Vice Chairman Address: 4798 New Broad Street
☐ Director Suite 200
☐ President Orlando, FL 32814
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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. Marney Emel, Treasurer
(Typed or printed name and capacity of person signing application)

Accredited Specialty Insurance Company
FEIN: 85-1940387

Additional officer/director:

<u>Title</u>	<u>Name</u>	<u>Address</u>
Assistance Secretary	Kenneth Portner	4798 New Broad Street, Suite 200, Orlando, FL 32814
Director	William Spiegel	4798 New Broad Street, Suite 200, Orlando, FL 32814

STATE OF ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS

CERTIFICATE OF AUTHORITY

DOMESTIC SURPLUS LINES INSURER

I, Evan G. Daniels, Director of Insurance and Financial Institutions of the State of Arizona, do hereby certify that

Accredited Specialty Insurance Company
Domiciled in Arizona
NAIC NO. 16835

has complied with the requirements of the Arizona Revised Statutes, Title 20 and is hereby authorized, subject to the provisions thereof and the Charter Powers of said Company, to transact the following kinds of insurance business:

RECOGNIZED SURPLUS LINES PURSUANT TO ARS § 20-409

Lines of Business: Casualty without Workers' Compensation, Disability, Marine & Transportation, Property, Surety, Vehicle

within the State of Arizona unless surrendered, suspended or revoked by the Director of Insurance and Financial Institutions.

A domestic surplus lines insurer is an insurer that is domiciled in and authorized to transact insurance in the State of Arizona and has received approval from the Arizona Department of Insurance and Financial Institutions pursuant to Arizona Revised Statutes §20-407.01 to write surplus lines insurance coverage in the State of Arizona.

In TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Director of Insurance and Financial Institutions at the City of Phoenix. The effective date of this certificate is October 16, 2020.



Evan G. Daniels
Director of Insurance and
Financial Institutions



Applicant Name: ACCREDITED SPECIALTY INSURANCE COMPANY

NAIC No. 16835

FEIN: 85-1940387

Uniform Certificate of Authority Application (UCAA)
CERTIFICATE OF COMPLIANCE

State of ARIZONA Office of DIRECTOR OF INSURANCE AND FINANCIAL INSTITUTIONS
(Domiciliary State of Applicant) (Commissioner, Superintendent, Officer)

I, KURT REGNER, hereby certify that I am the*
(Name)

ASSISTANT DIRECTOR, FINANCIAL AFFAIRS DIVISION of the State of ARIZONA
(Position)

and have supervision of insurance business in said State and as such I hereby certify that

ACCREDITED SPECIALTY INSURANCE COMPANY
(Name of Insurer)

of PHOENIX, ARIZONA is duly organized under the laws of said State and is
(City/State)

authorized to transact the business of DOMESTIC SURPLUS LINES insurance in this State.
(Line of Insurance)**

IN TESTIMONY WHEREOF, I have hereunto set my hand at PHOENIX, ARIZONA
(Location)

on this 15th day of July, A.D. 2021.
(Month)

Kurt Regner
(Signature)

KURT REGNER
(Printed Name)



* Insurance Commissioner, Officer or Superintendent of Insurance authorized to certify to the insurance business within the domiciliary state.

** Lines of Insurance as shown on Form 3 of UCAA