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S. HAWKES

### **COVER LETTER**

TO:		tion Section of Corpora					
SURI	FCT: lr	trepid Casua	ty Company				
50130	Le		Name of	corporation	- must	include suffix	
Dear S	ir or Mad	am:					
"Certif	ficate of E	xistence," o		Good Stan	ding" a	nd check are subm	Business in Florida," nitted to register the
Please	return all	corresponde	ence concerning	this matter	to the f	ollowing:	
Donna	Burns						
	· - · ·			Name of	Person		
Donna	Burns Inst	ırance Consu	ltant				
				Firm/Com	pany		1
P. O. B	ox 688						
			· · · · · · · · · · · · · · · · · · ·	Addre	:SS		
Caldwe	:II, TX 77	836					
			(	City/State a	nd Zip o	code	·
dtague(	@wrberkle	-					
		E	-mail address: (	to be used f	or futur	e annual report no	tification)
For fur	ther infor	mation cond	erning this mat	ter, please c	all:		
Donna	Burns		ai	979 ! (	272-	0115	
	Name o	of Person		Area Code	 e	Daytime Telepho	one Number
	Registra Division The Cent 2415 N.	ition Section of Corpora itre of Talla	tions nassee eet, Suite 810			MAILING AD Registration Se Division of Con P.O. Box 6327 Tallahassee, FL	ction porations
Please		k payable to:	following amount of the follow	ARTMENT Fee &	3 \$78.7.	ATE 5 Filing Fee & ied 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.

(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business	in Florida)
lowa	,	87-3691131	,
	y under the law of which it is incorporated)	(FEI number, if applicable)	
11-10-2021	5	Perpetual	
(Date of incorporation)		(Date of duration, if other than perpetual)	
N/A			
		in Florida, if prior to registration) 502, F.S., to determine penalty liability)	
5400 West 110th	Street, 4th Floor, Overland Park, KS 66211		
	(Principal of	fice <u>street</u> address)	· 1
	· · · · · · · · · · · · · · · · · · ·	ng address, if different)	
Name and stree	et address of Florida registered agent: (P. C T Corporation System	O. Box NOT acceptable)	-D
Name		<del></del>	
Name: ffice Address:	1200 South Pine Island Road		1: 09
	1200 South Pine Island Road Plantation	Florida 33324	09
		, Florida 33324 (Zip code)	09
Office Address:  Registered aglaving been namesignated in this	Plantation  (City)  ent's acceptance:  ed as registered agent and to accept serv application, I hereby accept the appoint omply with the provisions of all statutes	, Florida	tion at the pla n this capacity nance of my d
office Address:  Registered agilaving been namesignated in this	Plantation  (City)  ent's acceptance:  ed as registered agent and to accept serv application, I hereby accept the appoint omply with the provisions of all statutes	, Florida	tion at the pla n this capacity nance of my d

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

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS						
□Chairman	William Robert Berkley, Jr.	□ Chairman	Name:			
□Vice Chairman	475 Steamboat Road Address:	□Vice Chairman	Address: 11201 Douglas Avenue			
Director	Greenwich, CT 06830	□Director	Urbandale, IA 50322			
President		□President				
□ Vice President		□Vice President				
Secretary	□Treasurer	☐Secretary	□Treasurer			
Other	Other	Asst. Sec	retary			
□Chairman	Richard Mark Baio	□Сһаігтал	Name: Philip Stanley Welt			
□Vice Chairman	Address:	□Vice Chairman	Address: 475 Steamboat Road			
Director	Greenwich, CT 06830	同Director	Greenwich, CT 06830			
□President		□President				
□Vice President		□Vice President				
□Secretary	<b>⊟</b> Treasurer	<b>■</b> Secretary	Treasurer			
□Other	[]Other	Other	Other			
□Chairman	Carol Josephine LaPunzina	□Chairman	James Gerald Shiel Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
■Director	Greenwich, CT 06830	■Director	Greenwich, CT 06830			
□President		□President				
□Vice President		□Vice President				
☐ Secretary	□Treasurer	□Secretary	☐ Treasurer			
□Other	Other	[]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.						
T. Aaron Pearce, Assistant Secretary						

Director – Paul James Hancock 475 Steamboat Road Greenwich, CT 06830

## IOWA SECRETARY OF STATE PAUL D. PATE



#### CERTIFICATE OF EXISTENCE

Issue Date: 2/12/2022

Name: INTREPID CASUALTY COMPANY (490 DP - 691058)

Date of Incorporation: 11/10/2021

Duration: PERPETUAL

- I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the corporation named on this certificate:
  - a. The entity is in existence and duly incorporated under the laws of lowa.
  - b. All fees required under the Iowa Business Corporation Act due the Secretary of State have been paid.
  - c. The most recent biennial report required has been filed with the Secretary of State.
  - d. Articles of dissolution have not been filed.

Certificate ID: CS239835

To validate certificates visit:

sos.iowa.gov/ValidateCertificate

Paul D. Pate, Iowa Secretary of State