

**\*\*CORRECTED;** please  
honor original submission  
date of 9/19/24



Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**\*\*CORRECTED;** please  
honor original submission  
date of 9/19/24

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number  
(shown below) on the top and bottom of all pages of the document.

((H24000319046 3)))



H240003190463ABCS

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850)617-6380

From:  
Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

**\*\*Enter the email address for this business entity to be used for future  
annual report mailings. Enter only one email address please.\*\***

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

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
LANNISPORT MARINE & GENERAL INSURANCE COMPANY,  
INC.**

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$43.75

**\*\*CORRECTED;** please  
honor original submission  
date of 9/19/24

**\*\*CORRECTED;** please  
honor original submission  
date of 9/19/24

2024 SEP 23 PM 1:27  
SECRETARY OF STATE  
TALLAHASSEE FL

FILED

850-617-8381

9/20/2024 7:30:21 AM PAGE 1/001 Fax Server



September 19, 2024

FLORIDA DEPARTMENT OF STATE

Division of Corporations

LANNISPORT MARINE & GENERAL INSURANCE COMPANY, INC.  
320 EAST 53RD STREET STE 100  
NEW YORK, NY 10022US

SUBJECT: LANNISPORT MARINE & GENERAL INSURANCE COMPANY, INC.  
REF: F23000000410

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The form you submitted is for a Florida corporation, but your entity is a Foreign corporation. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tammi Cline

Regulatory Specialist II Supervisor

FAX Aud. #: B24000319046

Letter Number: 224A00021153

SECRETARY OF STATE  
TALLAHASSEE, FL

2024 SEP 23 PM 1:27

FILED

H24000319046

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR**  
**AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F23000000410

(Document number of corporation (if known))

1. Lannisport Marine &amp; General Insurance Company, Inc.

(Name of corporation as it appears on the records of the Department of State)

2. Arizona

3. 01/23/2023

(Incorporated under laws of)

(Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 6/4/2024

5. Dellwood Specialty Insurance Company

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

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

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent Corporation Service Company

1201 Hays Street

(Florida street address)

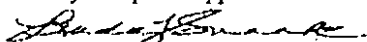
New Registered Office Address: Tallahassee, Florida 32301

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

 Linda J. Snook, Assistant Secretary

Signature of New Registered Agent, if changing

2024 SEP 23 PM 1:27  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

H24000319046

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change: H24000319046

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
DIR, P, C	Donald Kaitz	7835 East Evans Rd, Building 300	<input type="checkbox"/> Add
		Scottsdale, AZ 85260	<input checked="" type="checkbox"/> Remove
DIR, VP	Eric Kaitz	7835 East Evans Rd, Building 300	<input type="checkbox"/> Add
		Scottsdale, AZ 85260	<input checked="" type="checkbox"/> Remove
DIR, SEC, CFO, T	Ralph Barbieri	7835 East Evans Rd, Building 300	<input type="checkbox"/> Add
		Scottsdale, AZ 85260	<input checked="" type="checkbox"/> Remove
DIR, VP	Jason Burgio	7835 East Evans Rd, Building 300	<input type="checkbox"/> Add
		Scottsdale, AZ 85260	<input checked="" type="checkbox"/> Remove
DIR	Paul Procops	7835 East Evans Rd, Building 300	<input type="checkbox"/> Add
		Scottsdale, AZ 85260	<input checked="" type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

SEE ATTACHED

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

(Typed or printed name of person signing)

(Title of person signing)

FILING FEE \$35.00

2024 SEP 23 1:27  
SECRETARY OF STATE  
TALLAHASSEE, FL

H24000319046

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

H24000319046

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CCO	Jeremy Salzman	47 Maple Street, Suite 401	<input checked="" type="checkbox"/> Add
		Summit, NJ 07901	<input type="checkbox"/> Remove
CEO, C	Michael Price	47 Maple Street, Suite 401	<input checked="" type="checkbox"/> Add
		Summit, NJ 07901	<input type="checkbox"/> Remove
P, CUO, D	Kean Driscoll	47 Maple Street, Suite 401	<input checked="" type="checkbox"/> Add
		Summit, NJ 07901	<input type="checkbox"/> Remove
CFO, T, D	Thomas Connolly	47 Maple Street, Suite 401	<input checked="" type="checkbox"/> Add
		Summit, NJ 07901	<input type="checkbox"/> Remove
GC, S	Scott Weber	47 Maple Street, Suite 401	<input checked="" type="checkbox"/> Add
		Summit, NJ 07901	<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

SEE ATTACHED

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

(Typed or printed name of person signing)

(Title of person signing)

FILING FEE \$35.00

H24000319046

FILED  
2024 SEP 23 PM 1:27  
SECRETARY OF STATE  
TALLAHASSEE, FL

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

H24000319046

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CAO, AS, D	Amelia Kwong	47 Maple Street, Suite 401	<input checked="" type="checkbox"/> Add
		Summit, NJ 07901	<input type="checkbox"/> Remove
D	Thomas Jurgens	47 Maple Street, Suite 401	<input checked="" type="checkbox"/> Add
		Summit, NJ 07901	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

DocuSigned by:

Scott Weber

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Scott Weber

(Typed or printed name of person signing)

Secretary

(Title of person signing)

FILING FEE \$35.00

FILED  
2024 SEP 23 1:27  
SECRETARY OF STATE  
TALLAHASSEE FL

H24000319046

H24000319046

# STATE OF ARIZONA



## Office of the CORPORATION COMMISSION

The Executive Director of the Arizona Corporation Commission does hereby certify that the records of this agency show that

**LANNISPORT MARINE & GENERAL INSURANCE COMPANY, INC.**

was incorporated or formed on the 6TH day of June, 2022.

The Executive Director further certifies that the above named entity changed its name to:

**DELLWOOD SPECIALTY INSURANCE COMPANY**

on the 4TH day of June, 2024.

2024 SEP 23 PM 1:27  
SECRETARY OF STATE  
TALLAHASSEE, FL

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission on this date: September 23, 2024.



*Douglas R. Clark*

Douglas R. Clark, Executive Director

By: *Chasity Pullin*

CHASITY PULLIN

H24000319046