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S. ROBERTS

FEB 14 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rochdale 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:

Ben Pogany

Name of Person

AmTrust Financial Services, Inc.

Firm/Company

800 Superior Ave. E., 21st Floor

Address

Cleveland, OH 44114

City/State and Zip code

regulatorycompliance@amtrustgroup.com

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

For further information concerning this matter, please call:

Ben Pogany

at (

216

) 727-4764

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.*

1. Rochdale 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. New York

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

3. 13-6109222

(FEI number, if applicable)

4. 06/29/1955

(Date of incorporation)

5.

(Date of duration, if other than perpetual)

6.

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 59 Maiden Lane, 43rd Floor, New York, NY 10038

(Principal office street address)

800 Superior Ave. E, 21st Floor, Cleveland, OH 44114

(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: 200 E. Gaines St.

Tallahassee

(City)

, Florida 32399

(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.

(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: *****SEE ATTACHMENT*****
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ 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. **Barry Moses, Assistant Secretary**
(Typed or printed name and capacity of person signing application)

Rochdale Insurance Company

2023 List of Officers and Directors

Director/Officer Name	Title(s)	Address
Donald DeCarlo	Director	59 Maiden Lane, 43 rd Floor New York, NY, 10038
Susan Fisch	Director	59 Maiden Lane, 43 rd Floor New York, NY, 10038
Christopher Foy	Director President	59 Maiden Lane, 43 rd Floor New York, NY, 10038
Evan Greenstein	Director	59 Maiden Lane, 43 rd Floor New York, NY, 10038
Adam Karkowsky	Director	59 Maiden Lane, 43 rd Floor New York, NY, 10038
Mark Serock	Director	59 Maiden Lane, 43 rd Floor New York, NY, 10038
Stephen Ungar	Director Secretary	59 Maiden Lane, 43 rd Floor New York, NY, 10038
Jeffrey Mayer	Chief Actuary	59 Maiden Lane, 43 rd Floor New York, NY, 10038
Ellen Dion	Treasurer	59 Maiden Lane, 43 rd Floor New York, NY, 10038
Barry Moses	Vice President, Senior Regulatory Counsel Assistant Secretary	800 Superior Avenue E., 21 st Floor Cleveland, OH, 44114

STATE OF NEW YORK
DEPARTMENT OF FINANCIAL SERVICES

It is hereby certified that

ROCHDALE INSURANCE COMPANY

of New York, New York

was incorporated under the Laws of the State of New York on June 29, 1955, under the title of ROCHDALE INSURANCE COMPANY and was licensed to transact insurance business in the State of New York on September 14, 1955 under the title of ROCHDALE INSURANCE COMPANY.

IT IS HEREBY FURTHER CERTIFIED that the aforesaid Company is duly authorized in the State of New York to transact the business of accident and health, fire, miscellaneous property, water damage, burglary and theft, glass, boiler and machinery, elevator, animal, collision, personal injury liability, property damage liability, workers' compensation and employers' liability, fidelity and surety, credit, motor vehicle and aircraft physical damage, marine and inland marine, marine protection and indemnity, credit unemployment, gap, service contract reimbursement, legal services and involuntary unemployment insurance as specified in the paragraph(s) 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 19, 20, 21, 24, 26(A)(B)(C)(D), 28, 29 and 30 of Section 1113(a) of the New York Insurance Law, and also such workers' compensation insurance as may be incident to coverages contemplated under paragraphs 20 and 21 of Section 1113(a), including insurances described in the Longshoremen's and Harbor Workers' Compensation Act (Public Law No. 803, 69 Cong. as amended; 33 USC Section 901 et seq. as amended), and has been continuously licensed and remains in good standing to the date of this certificate.



*** INVALID WITHOUT OFFICIAL SEAL ***

STATE OF NEW YORK

DEPARTMENT OF FINANCIAL SERVICES



In Witness Whereof, I have hereunto set my hand
and affixed the official seal of this Department
at the City of Albany, New York, this
23rd day of December, 2022

ADRIENNE A. HARRIS

Superintendent

By

[Signature]

Special Deputy Superintendent