

F23000001274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

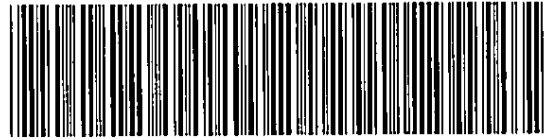
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W23-28189

Office Use Only



500399613185

2023 FEB 28 PM 3:05

APPROVED
AKO
FILED

DIRECTOR'S OFFICE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2023 FEB 28 PM 4:13

RECEIVED

MAR 04 2023

K. Brumley



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 1, 2023

CSC

RESUBMIT
Please give original
submission date as file date.

SUBJECT: SOUTHLAKE SPECIALTY INSURANCE COMPANY
Ref. Number: W23000028189

We have received your document for SOUTHLAKE SPECIALTY INSURANCE COMPANY and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Chapter 628, Florida Statutes, requires all insurers in Florida to list the Chief Financial Officer as their registered agent. The registered office address is: Department of Financial Services, 200 E. Gaines St., Tallahassee, FL 32399.

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) 245-6051.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 323A00004833

RECEIVED
2023 MAR -2 PM 11:55
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 475539 8393777
AUTHORIZATION : 
COST LIMIT : \$ 70.00

ORDER DATE : February 9, 2023

ORDER TIME : 1:21 PM

ORDER NO. : 475539-045

CUSTOMER NO: 8393777

FOREIGN FILINGS

NAME: SOUTHLAKE SPECIALTY INSURANCE
COMPANY

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Southlake 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:

Anthony Pergola

Name of Person

Southlake Specialty Insurance Company

Firm/Company

1301 Solana Blvd, STE 2100

Address

Westlake, TX 76262

City/State and Zip code

regulatory@southlakespecialty.com

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

For further information concerning this matter, please call:

Anthony Pergola

at (888) 216-3756

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. Southlake 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. Texas 3. 84-4500601
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 03/25/2021 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 1301 Solana Blvd, STE 2100, Westlake, TX 76262
(Principal office street address)

(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 _____, Florida 32301
(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.

By: _____
(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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FILED

A. DIRECTORS

☐ Chairman Name: Yogesh Kumar
☐ Vice Chairman Address: _____
☒ Director 1301 Solana Blvd, STE 2100
☐ President Westlake, TX 76262
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other CEO ☐ Other _____

☐ Chairman Name: Gary Gibson
☐ Vice Chairman Address: 1301 Solana Blvd, STE 2100
☒ Director Westlake, TX 76262
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

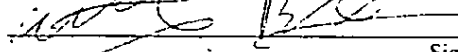
☐ Chairman Name: Erick Moreland
☐ Vice Chairman Address: 1301 Solana Blvd, STE 2100
☒ Director Westlake, TX 76262
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Anthony Pergola
☐ Vice Chairman Address: _____
☒ Director 1301 Solana Blvd, STE 2100
☐ President Westlake, TX 76262
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Vincent Coca
☐ Vice Chairman Address: 1301 Solana Blvd, STE 2100
☒ Director Westlake, TX 76262
☐ 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. Anthony Pergola, Secretary
(Typed or printed name and capacity of person signing application)



PO Box 12030 | Austin, TX 78711 | 800-578-4677 | tdi.texas.gov

STATE OF TEXAS §
 §
COUNTY OF TRAVIS §

The Commissioner of Insurance, as the chief administrative and executive officer and custodian of records of the Texas Department of Insurance has delegated to the undersigned the authority to certify the authenticity of documents filed with or maintained by or within the custodial authority of the Company Licensing and Registration Office of the Texas Department of Insurance.

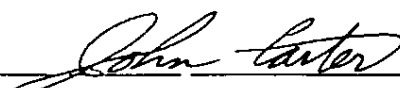
Therefore, I hereby certify that the attached documents are true and correct copies of the documents described below. I further certify that the documents described below are filed with or maintained by or within the custodial authority of the Company Licensing and Registration Office of the Texas Department of Insurance.

Current certificate of authority for SOUTHLAKE SPECIALTY INSURANCE COMPANY, Austin, Texas, dated March 25, 2021.

IN TESTIMONY WHEREOF, witness my hand and seal of office at Austin, Texas, this 13th day of February, 2023.



COMMISSIONER OF INSURANCE

BY: 
John Carter
Director
Company Licensing and Registration Office

Texas Department of Insurance

Domestic Surplus Lines Insurer

Certificate

License no. 13766279

Licensed since: March 25, 2021

Department Certification

Southlake Specialty Insurance Company
(domestic stock surplus lines company)
organized under the laws of the state of Texas

This entity has complied with the laws of the state of Texas, as applicable, and is authorized to transact the following lines of insurance as a Texas domestic surplus lines insurer:

Aircraft Physical Damage, Allied Coverages, Auto Physical Damage, Automobile Liability, Burglary & Theft, Credit, Employers' Liability, Fidelity & Surety, Fire, Forgery, Glass, Inland Marine, Liability other than Auto, Ocean Marine, and Rain

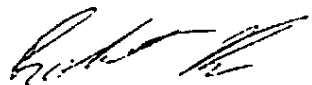
This certificate is in full force and effect until it is revoked, canceled, or suspended according to law.

Given under my hand and official seal of office
in the city of Austin,

March 25, 2021

COMMISSIONER OF INSURANCE

BY


Robert Rudnai, Manager
Company Licensing and Registration
Commissioner's order no. 3632

