

F230000004395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

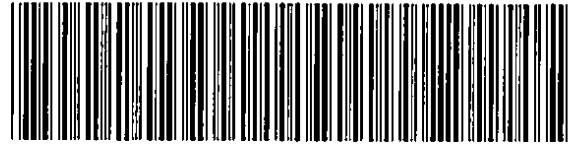
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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800411492558

RECEIVED

JUL 25 PM 4: 10

ALLAHASSEE, FLORIDA

APPROVED
AND
FILED

2023 JUL 21 PM 5: 27

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

JUL 24 2023

K. Brumby

RECEIVED

JUL 25 PM 3:5

TALLAHASSEE, FLORIDA



July 22, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

CORRECTED
Please Allow For
Same File DateSUBJECT: AT-BAY SPECIALTY INSURANCE COMPANY
REF: W23000100515

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.

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.

If you have any further questions concerning your document, please call (850) 245-6051.

KYLE D BRUMBLEY FAX Aud. #: H23000247354
Regulatory Specialist II Supervisor Letter Number: 123A00016437
Registration Section

CT CORP
(850)656-4724
3458 Lakeshore Drive,
Tallahassee, FL 32312

Date: 07/25/2023

Acc#120160000072

en: c SW

Name:	AT-BAY SPECIALTY INSURANCE COMPANY
Document #:	
Order #:	14984769

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notification

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Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **78.75**

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: At-Bay 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:

Tara Bodden

Name of Person

At-Bay Specialty Insurance Company

Firm/Company

Farmers Bank Building, 301 N. Market Street

Address

Wilmington, DE 19801

City/State and Zip code

legal@at-bay.com

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

For further information concerning this matter, please call:

Tara Bodden

at (415)

406-0660

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. At-Bay 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. Delaware

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

3. 75-1221488

(FEI number, if applicable)

4. October 18, 1965

(Date of incorporation)

5. N/A

(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. Farmers Bank Building, 301 N. Market Street, Wilmington, DE 19801

(Principal office street address)

(Current mailing address, if different)

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

Name: _____

Department of Financial Services -

Chief Financial Officer

200 E Gaines St

Office Address: _____

Tallahassee

FL

32399

(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]:

A. DIRECTORS

☐ Chairman Name: Rotem Iram
☐ Vice Chairman Address: Farmers Bank Building
☒ Director 301 N. Market Street
☒ President Wilmington, DE 19801
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Tara Bodden
☐ Vice Chairman Address: Farmers Bank Building
☒ Director 301 N. Market Street
☐ President Wilmington, DE 19801
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☒ Other General Counsel


☐ Chairman Name: Ari Fischel
☐ Vice Chairman Address: Farmers Bank Building
☒ Director 301 N. Market Street
☐ President Wilmington, DE 19801
☐ Vice President _____
☐ Secretary ☒ Treasurer
☒ Other Chief Financial Officer ☐ Other _____

☐ Chairman Name: Roman Itskovich
☐ Vice Chairman Address: Farmers Bank Building
☒ Director 301 N. Market Street
☐ President Wilmington, DE 19801
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Chief Risk Officer ☐ Other _____

☐ Chairman Name: Gregg Davis
☐ Vice Chairman Address: Farmers Bank Building
☒ Director 301 N. Market Street
☐ President Wilmington, DE 19801
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Robert Glanville
☐ Vice Chairman Address: Farmers Bank Building
☒ Director 301 N. Market Street
☐ President Wilmington, DE 19801
☐ 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. Tara Bodden, General Counsel and Secretary
(Typed or printed name and capacity of person signing application)

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AT-BAY SPECIALTY INSURANCE COMPANY" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF JULY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



4513464 8300

SR# 20232997218

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 203747628

Date: 07-14-23