

F23000004463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

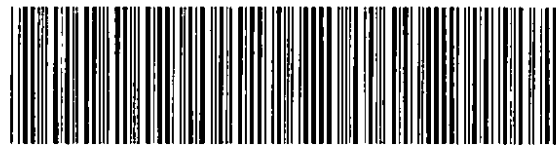
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SECRETARY OF STATE
TREASURY

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Clear Blue 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:

Mr. Axel Galan

Name of Person

Clear Blue Specialty Insurance Company

Firm/Company

B7 Tabonuco Street, Suite 912

Address

Guaynabo, PR 00968

City/State and Zip code

compliance@cbinsgroup.com

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

For further information concerning this matter, please call:

Mr. Axel Galan

at (787) 339-2002

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. Clear Blue 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. 56-1690558
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 03/07/1990 5. _____
(Date of incorporation) (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. B7 Tabonuco Street, Suite 912 Guaynabo, PR 00968
(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

Office Address: 200 E. Gaines St.
Tallahassee, Florida 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.

(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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TALLAHASSEE
FLORIDA
STATE

A. DIRECTORS

☐Chairman Name: Jerome Breslin
☐Vice Chairman Address: 2626 Cole Avenue, Suite 710
☐Director Dallas, TX 75204
☒President _____
☐Vice President _____
☐Secretary ☐Treasurer
☐Other _____ ☐Other _____

☐Chairman Name: Daniel Kennedy
☐Vice Chairman Address: 200 South College Street,
☐Director Suite 1910
☐President Charlotte, NC 28202
☐Vice President _____
☒Secretary ☐Treasurer
☐Other _____ ☐Other _____

☐Chairman Name: Jeffrey Downey
☐Vice Chairman Address: B7 Tabounuco Street
☐Director Suite 912
☐President Guaynabo, PR 00968
☐Vice President _____
☐Secretary ☒Treasurer
☐Other _____ ☐Other _____

☐Chairman Name: Manuel Lebron
☐Vice Chairman Address: B7 Tabounuco Street
☐Director Suite 912
☐President Guaynabo, PR 00968
☐Vice President _____
☐Secretary ☐Treasurer
☐Other Chief Financial O ☐Other _____

☐Chairman Name: James Mann
☐Vice Chairman Address: 200 South College Street,
☐Director Suite 1910
☐President Charlotte, NC 28202
☐Vice President _____
☐Secretary ☐Treasurer
☒Other Chief Risk Officer ☐Other _____

☐Chairman Name: Rosa Vega Vazquez
☐Vice Chairman Address: B7 Tabounuco Street
☐Director Suite 912
☐President Guaynabo, PR 00968
☐Vice President _____
☐Secretary ☐Treasurer
☒Other Chief Human Res ☐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. Axel Galan - Lead Compliance Director
(Typed or printed name and capacity of person signing application)

Texas Department of Insurance

Certificate of Authority

License no. 13766582

Licensed since: December 20, 2022

Department Certification

Clear Blue Specialty Insurance Company
(domestic 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:

Accident, Aircraft Liability, Aircraft Physical Damage, Allied Coverages, Auto Physical Damage, Automobile Liability, Boiler & Machinery, Burglary & Theft, Credit, Employers' Liability, Fidelity & Surety, Fire, Forgery, Glass, Hail, Health, Inland Marine, Liability Other than Auto, Livestock, Ocean Marine, Rain, Workers Comp and Emp Liability


This certificate of authority 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,

December 20, 2022

CASSIE BROWN
COMMISSIONER OF INSURANCE

BY


John Carter, Director

Company Licensing and Registration
Financial Regulation Division
Commissioner's order no. 3632

