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(Address)

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(City/State/Zip/Phone #)

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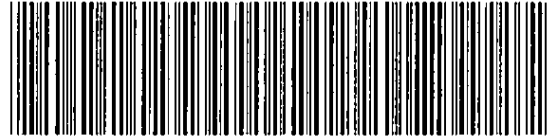
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SECRETARY OF STATE
TALLAHASSEE, FL



AmTrust Financial
800 Superior Avenue E • 21st Floor • Cleveland, OH 44114
(p) 866.203.3037 • (f) 800.487.9654

Via: FedEx Overnight

July 10, 2023

Florida Division of Corporations
Registration Section
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**RE: Application for Foreign Corporation
Sierra Specialty Insurance Company**

Dear Sir or Madam,

Enclosed, please find an application for foreign corporation for authorization to transact business in Florida for **Sierra Specialty Insurance Company** (the "Company"). The Company is a Texas domiciled insurance company seeking to qualify to transact business in Florida. Included with the application is a check in the amount of \$70.00 for the filing fee, and the original Certificate of Compliance issued by the Texas Department of Insurance. As you may know, insurance companies are required to appoint the Florida Chief Financial Officer as the registered agent, as such, the application does not include a signature of the registered agent.

Should you have any questions, please contact me at the number and/or email listed below.

Thank you for your assistance with this filing.

Sincerely,

A handwritten signature in cursive script that reads 'Gail Miller'.

Gail Miller
AVP, Regulatory and Governance
(p) 216-643-8664
(e) gail.miller@amtrustgroup.com

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SIERRA 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:

GAIL MILLER

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:

GAIL MILLER

at (216) 643-8664

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. Sierra 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. 75-6020992
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04/01/1954 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. 4455 LBJ Freeway, Suite 700, Dallas, TX 75244
(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, 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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SECRETARY OF STATE
TALLAHASSEE, FL

A. DIRECTORS

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

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

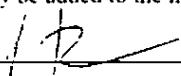
☐ Chairman Name: See Attached List
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

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

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

☐ Chairman Name: See Attached List
☐ 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. Stephen Ungar, Secretary
(Typed or printed name and capacity of person signing application)

Sierra Specialty Insurance Company

List of Officers and Directors

Name	Title	Address
Bruce Saulnier	President, CEO, and Director	4455 LBJ Freeway, Suite 700, Dallas, TX 75244
Ellen Dion	Treasurer	59 Maiden Lane, 43 rd Floor, New York, NY 10038
Evan Greenstein	Director	59 Maiden Lane, 43 rd Floor, New York, NY 10038
Jeffrey Mayer	Chief Actuary	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	Secretary and Director	59 Maiden Lane, 43 rd Floor, New York, NY 10038
Susan Fisch	Director	59 Maiden Lane, 43 rd Floor, New York, NY 10038

Applicant Company Name: Sierra Specialty Insurance Company

NAIC No. 19208

FEIN 75-6020992

**Uniform Certificate of Authority Application (UCAA)
CERTIFICATE OF COMPLIANCE**

State of Texas
(Domiciliary State of Applicant Company)

Office of Department of Insurance
(Commissioner, Superintendent, Officer)

I, John Carter, hereby certify that I am the Director of Company Licensing & Registration *
(Name) (Position)

of the State of Texas and have supervision of insurance business in said State and as such,

I hereby certify that

Sierra Specialty Insurance Company
(Name of Applicant Company)

of Dallas, Texas is duly organized under the laws of said state and
(City/State)

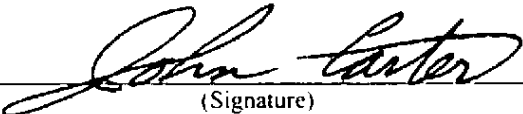
is authorized to transact the business of

accident, aircraft liability, aircraft physical damage, allied coverages, auto physical damage, automobile liability, boiler &
(Lines of Insurance) **
machinery, burglary & theft, credit, employers' liability, fidelity & surety, fire, forgery, glass, hail, health, inland marine,
liability other than auto, livestock, ocean marine

insurance in this state.

IN TESTIMONY WHEREOF, I have hereunto set my hand at Austin, Texas
(Location)

on June 28, 2023


(Signature)

John Carter
(Printed Name)

* Insurance Commissioner, Officer or Superintendent of Insurance authorized to certify to the insurance business within the domiciliary state.

** Lines of Insurance as shown on Form 3 of UCAA

