

F23000006654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

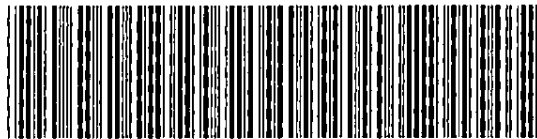
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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Fortegra 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:

Joe Keller

Name of Person

Westmont Associates, Inc.

Firm/Company

1763 Marlton Pike East

Address

Cherry Hill, NJ 08003

City/State and Zip code

asnipes@fortegra.com

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

For further information concerning this matter, please call:

Joe Keller

at (

856-2126-0220

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. Fortegra 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. Arizona 3. 85-1773107  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 07-06-2020 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. 10751 Deerwood Park Blvd, Suite 200, Jacksonville, FL 32256  
(Principal office street address)  
10751 Deerwood Park Blvd, Suite 200, Jacksonville, FL 32256  
(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: PO Box 6200 (32314-6200) 200 E. Gaines St.  
Tallahassee, Florida 32399  
(City) (Zip code)

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TALLAHASSEE, FL

**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.*

\_\_\_\_\_  
Chief Financial Officer  
(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: Richard Stephen Kahlbaugh  
☐ Vice Chairman Address: 10751 Deerwood Park Blvd.  
Suite 200  
☒ Director  
☒ President Jacksonville, FL 32256  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☒ Other CEO

☐ Chairman Name: Janie Hartley  
☐ Vice Chairman Address: 10751 Deerwood Park Blvd.  
Suite 200  
☒ Director  
☐ President Jacksonville, FL 32256  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: John G. Short  
☐ Vice Chairman Address: 10751 Deerwood Park Blvd.  
Suite 200  
☒ Director  
☐ President Jacksonville, FL 32256  
☐ Vice President \_\_\_\_\_  
☒ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Michael F. Grasher  
☐ Vice Chairman Address: 10751 Deerwood Park Blvd.  
Suite 200  
☒ Director  
☐ President Jacksonville, FL 32256  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Michael Urban  
☐ Vice Chairman Address: 10751 Deerwood Park Blvd.  
Suite 200  
☒ Director  
☐ President Jacksonville, FL 32256  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☒ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Mark Rattner  
☐ Vice Chairman Address: 10751 Deerwood Park Blvd.  
Suite 200  
☒ Director  
☐ President Jacksonville, FL 32256  
☐ 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.

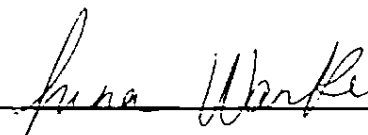
13. John G. Short, Secretary  
 (Typed or printed name and capacity of person signing application)

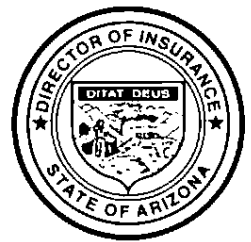
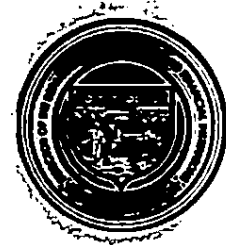
# STATE OF ARIZONA

## DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS

This is to certify, that this instrument is a true, full and correct copy of the original on file with the Department of Insurance and Financial Institutions of the State of Arizona and consists of 1 pages(s)

Here unto set my hand and the official seal of this Department for the Director of Insurance and Financial Institutions this 20 September, 2023.

  
Authorized Representative



# STATE OF ARIZONA

## DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS

### CERTIFICATE OF AUTHORITY

#### DOMESTIC SURPLUS LINES INSURER

I, Evan G. Daniels, Director of Insurance and Financial Institutions of the State of Arizona, do hereby certify that

**FORTEGRA SPECIALTY INSURANCE COMPANY**  
**Domiciled in Arizona**  
**NAIC NO. 16823**

has complied with the requirements of the Arizona Revised Statutes, Title 20 and is hereby authorized, subject to the provisions thereof and the Charter Powers of said Company, to transact the following kinds of insurance business:

#### RECOGNIZED SURPLUS LINES PURSUANT TO ARS § 20-409

**Lines of Business: Casualty with Workers' Compensation, Disability, Marine & Transportation, Property, Surety, Vehicle**

within the State of Arizona unless surrendered, suspended or revoked by the Director of Insurance and Financial Institutions.

A domestic surplus lines insurer is an insurer that is domiciled in and authorized to transact insurance in the State of Arizona and has received approval from the Arizona Department of Insurance and Financial Institutions pursuant to Arizona Revised Statutes §20-407.01 to write surplus lines insurance coverage in the State of Arizona.

In TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Director of Insurance and Financial Institutions at the City of Phoenix. The effective date of this certificate is September 14, 2020.



**Evan G. Daniels**  
Director of Insurance and  
Financial Institutions

