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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (614)573-3996

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: rnormandy@avocaup.com

**FOREIGN PROFIT/NONPROFIT CORPORATION
ATS UNDERWRITING INC**

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$78.75

RECEIVED

2023 DEC 28 AM 9:43

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2023 DEC 28 PM 4:40

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. ATS Underwriting, Inc.
(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 3. 93-4622849
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11/16/2023 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 250 Commercial Street, 4002A; Manchester NH 03101
(Principal office street address)
- _____
(Current mailing address, if different)

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

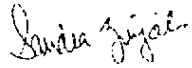
Name:	<u>C T Corporation System</u>		
Office Address:	<u>1200 South Pine Island Road</u>		
	<u>Plantation</u>	<u>FL</u>	<u>33324</u>
	(City)		(Zip code)

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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.

C T Corporation System

By: Sandra Zwijack, Assistant Secretary 
(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 Chris Branch

☐ Vice Chairman Address: 209 South LaSalle #503

☒ Director Chicago IL 60604

☐ President _____

☐ Vice President _____

☐ Secretary _____ ☐ Treasurer _____

☐ Other _____ ☐ Other _____

☐ Chairman Name Andrew Carvill

☐ Vice Chairman Address: 5th Floor Minorities

☒ Director 2-5 Minorities

☐ President London England EC3N 1BJ

☐ Vice President _____

☐ Secretary _____ ☐ Treasurer _____

☐ Other _____ ☐ Other _____

☐ Chairman Name: Daniel Hinchliffe

☐ Vice Chairman Address: 209 South LaSalle #503

☒ Director Chicago IL 60604

☐ President _____

☐ Vice President _____

☐ Secretary _____ ☐ Treasurer _____

☐ Other _____ ☐ Other _____

☐ Chairman Name Andrew Trupiano

☐ Vice Chairman Address: 100 Cummings Center, Ste 414-G

☒ Director Beverly MA 01915

☐ President _____

☐ Vice President _____

☐ Secretary _____ ☐ Treasurer _____

☐ Other _____ ☐ Other _____

☐ Chairman Name: Robert Normandy

☐ Vice Chairman Address: 250 Commercial Street, 4002A

☐ Director Manchester NH 03101

☐ President _____

☐ Vice President _____

☒ Secretary _____ ☒ Treasurer _____

☐ Other _____ ☐ Other _____

☐ Chairman Name: Danielle Siering

☐ Vice Chairman Address: 100 Cummings Center, Ste 414-G

☐ Director Beverly MA 01915

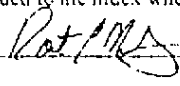
☐ President _____

☒ 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. Robert Normandy, Secretary / Treasurer
(Typed or printed name and capacity of person signing application)

**ATS UNDERWRITING, INC.
OWNER(S), DIRECTORS and OFFICERS**

Owner	
Entity Name	Avoca Insurance Holdings Limited
Owner Percentage	100%
Business Address	Claredon House 2 Church Street
City, Zip Code, Country	Hamilton, Bermuda HM CX
Country	Bermuda
FEIN	N/A
Directors	
First Name	Chris
M.I.	
Last Name	Branch
Suffix	
SS#	
Business Address	209 South LaSalle #503
City	Chicago
State	IL
Zip Code	60604
First Name	Andrew
M.I.	K
Last Name	Carvill
Suffix	
SS#	London UK Resident
Business Address	5 th Floor Minorities House; 2-5 Minorities
City	London
Country	England
Zip Code	EC3N 1BJ
First Name	Daniel
M.I.	
Last Name	Hinchliffe
Suffix	
SS#	
Business Address	209 South LaSalle #503
City	Chicago
State	IL
Zip Code	60604
First Name	Andrew
M.I.	
Last Name	Trupiano
Suffix	
SS#	
Officer's Title	President
Business Address	100 Cummings Center, Suite 414-G
City	Beverly
State	MA
Zip Code	01915

**ATS UNDERWRITING, INC.
OWNER(S), DIRECTORS and OFFICERS**

Officers	
First Name	Andrew
M.I.	
Last Name	Trupiano
Suffix	
SS#	
Officer's Title	President
Business Address	100 Cummings Center, Suite 414-G
City	Beverly
State	MA
Zip Code	01915
First Name	Robert
M.I.	
Last Name	Normandy
Suffix	
SS#	
Officer's Title	Secretary / Treasurer
Business Address	250 Commercial Street, 4002A
City	Manchester
State	NH
Zip Code	03101
First Name	Danielle
M.I.	
Last Name	Siering
Suffix	
SS#	
Officer's Title	Senior Vice President - Underwriting
Business Address	100 Cummings Center, Suite 414-G
City	Beverly
State	MA
Zip Code	01915
First Name	Robert
M.I.	
Last Name	Wilson
Suffix	
SS#	
Officer's Title	Vice President - Underwriting
Business Address	100 Cummings Center, Suite 414-G
City	Beverly
State	MA
Zip Code	01915
First Name	Brett
M.I.	
Last Name	Arnold
Suffix	
SS#	
Officer's Title	Vice President - Sales
Business Address	100 Cummings Center, Suite 414-G
City	Beverly
State	MA
Zip Code	01915

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ATS UNDERWRITING, INC." 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 THIRTEENTH DAY OF DECEMBER, A.D. 2023.

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



2639275 8300

SR# 20234218638

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 204808829

Date: 12-13-23