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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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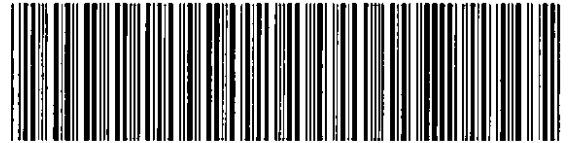
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 JAN -5 PM 5:50
SECRETARY OF STATE
TOLSON

T. LEMIEUX

FEB - 2 2024

**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. Federated Specialty Insurance Corporation
(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. 87-3672301
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. October 18, 2021 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. 121 East Park Square, Owatonna, MN 55060
(Principal office street address)

(Current mailing address, if different)

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

Name: Registered Agent Solutions, Inc.

Office Address: 2894 Remington Green Lane

Tallahassee, Florida 32308
(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.

Samantha Niels Samantha Niels, 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]:

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TALLAHASSEE, FLORIDA

A. DIRECTORS

☒ Chairman Name: Jeffrey E. Fetters
☐ Vice Chairman Address: 121 East Park Square
☐ Director Owatonna, MN 55060
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Michael N. Keller
☐ Vice Chairman Address: 121 East Park Square
☐ Director Owatonna, MN 55060
☐ President _____
☐ Vice President _____
☒ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

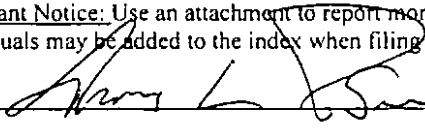
☐ Chairman Name: Mark D. Heyne
☐ Vice Chairman Address: 121 East Park Square
☐ Director Owatonna, MN 55060
☐ President _____
☒ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Nicholas R. Lower
☐ Vice Chairman Address: 121 East Park Square
☐ Director Owatonna, MN 55060
☒ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Sean G. Pick
☐ Vice Chairman Address: 121 East Park Square
☐ Director Owatonna, MN 55060
☐ President _____
☒ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Thomas L. Peterson
☐ Vice Chairman Address: 121 East Park Square
☐ Director Owatonna, MN 55060
☐ 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. Thomas L. Peterson, Executive Vice President
(Typed or printed name and capacity of person signing application)

OFFICERS

Federated Specialty Insurance Company

121 East Park Square; Owatonna, Minnesota 55060

NAIC No.: 17333 FEIN: 87-3672301

Jeffrey E. Feters

Chairman

Nicholas R. Lower

President, Chief Executive Officer

Michael N. Keller

Secretary, Treasurer, Chief Financial Officer, Executive Vice President

Sean G. Pick

Executive Vice President

Mark D. Heyne

Executive Vice President

Thomas L. Peterson (1/1/2024 bio pending)

Executive Vice President

Ryker J. Richardson (1/1/2024 bio pending)

Executive Vice President

State of Delaware

Department of Insurance

CERTIFICATE OF COMPLIANCE/GOOD STANDING

NAIC Number: 17333

I, Trinidad Navarro, Insurance Commissioner of the State of Delaware, do hereby certify that as of November 27, 2023

FEDERATED SPECIALTY INSURANCE COMPANY

was duly organized under the laws of the State of Delaware, and authorized to issue policies and transact the business of insurance under the following Section(s) of Title 18, Delaware code:

Section 904 Property

Section 906 Casualty (a)(1) Vehicle

Section 906 Casualty (a)(2) Liability

Section 906 Casualty (a)(3) Workers Compensation
and Empl Liability

Section 906 Casualty (a)(4) Burglary and Theft

Section 906 Casualty (a)(5) Personal Property
Floater

Section 906 Casualty (a)(6) Glass

Section 906 Casualty (a)(7) Boiler and Machinery

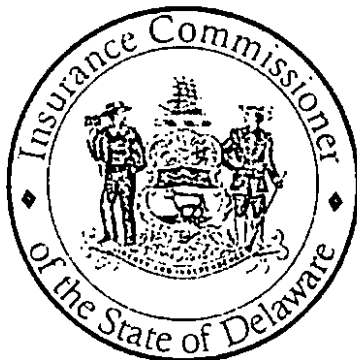
Section 906 Casualty (a)(8) Leakage and Fire
Extinguisher Equipment

Section 906 Casualty (a)(11) Elevator

Section 906 Casualty (a)(15) Miscellaneous

Section 907 Marine and Transportation

AND FURTHER, FEDERATED SPECIALTY INSURANCE COMPANY has filed all required documents, paid all applicable fees and taxes, and is in good standing with the Delaware Department of Insurance.



IN WITNESS THEREOF, I have hereunto set my hand and affixed the official seal of this Department at the City of Dover on November 27, 2023.

Trinidad Navarro

Trinidad Navarro
Insurance Commissioner