

F24000000925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

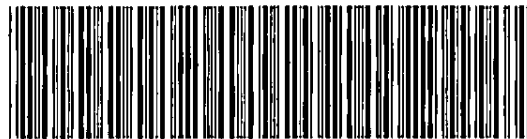
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M. SOLOMON

FEB 19 2024

15

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MS Transverse 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:

Jamie F. Coleman

Name of Person

TRM Specialty Insurance Company

Firm/Company

15 Independence Blvd., Suite 430

Address

Warren, NJ 07059

City/State and Zip code

jcoleman@mstransverse.com

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

For further information concerning this matter, please call:

Jeff Rainey

at ( 850 ) 294-8859

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**

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input checked="" type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
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**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. MS Transverse 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. 22-2429452  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 08-01-1988 5. Perpetual  
(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. 15 Independence Blvd., Suite 430, Warren, NJ 07059  
(Principal office street address)

15 Independence Blvd., Suite 430, Warren, NJ 07059  
(Current mailing address, if different)

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

Name: Chief Financial Officer - State of Florida

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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**A. DIRECTORS**

☐ Chairman Name: Erik Matson  
☐ Vice Chairman Address: 15 Independent Blvd. Suite 430  
☒ Director Warren, NJ 07059  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☒ Other CEO ☐ Other \_\_\_\_\_

☐ Chairman Name: David Emil Paulsson  
☐ Vice Chairman Address: 15 Independent Blvd. Suite 430  
☒ Director Warren, NJ 07059  
☒ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

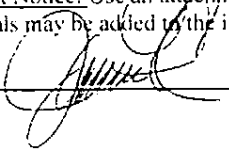
☐ Chairman Name: Jamie Coleman  
☐ Vice Chairman Address: 15 Independent Blvd. Suite 430  
☐ Director Warren, NJ 07059  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☒ Other Asst Secretary ☐ Other \_\_\_\_\_

☐ Chairman Name: Stephen Tasy Esq.  
☐ Vice Chairman Address: 15 Independent Blvd. Suite 430  
☐ Director Warren, NJ 07059  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☒ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: John Fitzgerald  
☐ Vice Chairman Address: 15 Independent Blvd. Suite 430  
☐ Director Warren, NJ 07059  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☒ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ 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. Jamie F. Coleman - Assistant Corporate Secretary  
(Typed or printed name and capacity of person signing application)

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

Attachment A – Additional Officers and Directors that are not listed on application form.

Name: Ethan Allen

Address: 15 Independent Blvd. Suite 430, Warren, NJ 07059

Title: Chief Risk Officer

Name: George Sparks

Address: 15 Independent Blvd. Suite 430, Warren, NJ 07059

Title: Chief Underwriting Officer

Name: Dave Zakutansky

Address: 15 Independent Blvd. Suite 430, Warren, NJ 07059

Title: Chief Investment Officer

Name: Takehisa Chiba

Address: 15 Independent Blvd. Suite 430, Warren, NJ 07059

Title: Director

Name: Keisuke Otsuka

Address: 15 Independent Blvd. Suite 430, Warren, NJ 07059

Title: Director

Name: Judith Titera

Address: 15 Independent Blvd. Suite 430, Warren, NJ 07059

Title: Director

Name: Johan Slabbert

Address: 15 Independent Blvd. Suite 430, Warren, NJ 07059

Title: Director

Name: Masaaki Izawa

Address: 15 Independent Blvd. Suite 430, Warren, NJ 07059

Title: Director

Name: April Duff

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Address: 15 Independent Blvd. Suite 430, Warren, NJ 07059

Title: Director

Name: Laura Deutscher

Address: 15 Independent Blvd. Suite 430, Warren, NJ 0705

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Applicant Company Name: MS Transverse Specialty Insurance Company

NAIC No. 41807

FEIN 22-2429452

**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

MS Transverse 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  
(Lines of Insurance) \*\*

Liability, Boiler & Machinery, Burglary & Theft, Credit, Employers' Liability, Fidelity & Surety, Fire, Forgery,

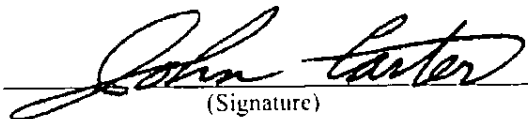
Glass, Hail, Health, Inland Marine, Liability Other than Auto, Livestock, Ocean Marine, Rain, and Workers Comp

and Emp Liability

insurance in this state.

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

on February 5, 2024

  
(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

