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Email Address: regulatorycompliance@amtrustgroup.com

**Foreign Limited Liability Company  
North Atlantic Cyber Insurance Services LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. North Atlantic Cyber Insurance Services LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 10757 South River Front Parkway, Suite 400  
(Street Address of Principal Office)

6. 800 Superior Ave. E, 21st Floor  
(Mailing Address)

South Jordan, UT 84095

Cleveland, OH 44114

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

Name: United Agent Group Inc.

Office Address: 801 U.S. Highway 1

North Palm Beach, Florida 33408  
(City) (Zip code)

## Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.



Saray Djidji, Special Secretary

(Registered agent's signature)

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

**Title or Capacity:** **Name and Address:**

☐ Manager Name: AmTrust Agency Holdings LLC

☒ Member Address: 800 Superior Ave. E, 21st Floor

☐ Authorized Cleveland, OH 44114

Person

☐ Other ☐ Other

☐ Manager Name: Ellen Dion

☐ Member Address: 400 Executive Boulevard

☐ Authorized 4th Floor

Person Southington, CT 06489

☒ Treasurer ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

Person

☐ Other ☐ Other

**Title or Capacity:** **Name and Address:**

☐ Manager Name: Aaron Basilius

☐ Member Address: 10757 South River Front Pkwy

☐ Authorized Suite 400

Person South Jordan, UT 84095

☒ President ☐ Other

☐ Manager Name: Catherine Miller

☐ Member Address: 800 Superior Ave. E, 21st Floor

☐ Authorized Cleveland, OH 44114

Person

☒ Secretary ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

Person

☐ 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.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

*Catherine Miller*

Signature of an authorized person

Catherine Miller

Typed or printed name of signee

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STATE OF FLORIDA  
DEPARTMENT OF STATE  
TALLAHASSEE, FL

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NORTH ATLANTIC CYBER INSURANCE SERVICES LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF OCTOBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NORTH ATLANTIC CYBER INSURANCE SERVICES LLC" WAS FORMED ON THE FIFTEENTH DAY OF OCTOBER, A.D. 2024.

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



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SR# 20243999453

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

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

Authentication: 204683793

Date: 10-21-24