

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F21000001054

Entity Name: OBSIDIAN SPECIALTY INSURANCE COMPANY**Current Principal Place of Business:**251 LITTLE FALLS DRIVE
WILMINGTON, DE 19808**Current Mailing Address:**1330 AVENUE OF THE AMERICA
STE 23A
NEW YORK, NY 10019 US**FEI Number:** 85-1663261**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
PO BOX 6200(32314-6200) 200 E. GAINES ST.
TALLAHASSEE, FL 32339 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CEO, DIRECTOR
Name	JEWETT, WILLIAM
Address	1330 AVENUE OF THE AMERICAS, STE 23A
City-State-Zip:	NEW YORK NY 10019

Title	CFO, TREASURER, DIRECTOR
Name	RAPPAPORT, CRAIG
Address	1330 AVENUE OF THE AMERICAS, STE 23A
City-State-Zip:	NEW YORK NY 10019

Title	CHIEF LEGAL OFFICER AND SECRETARY, DIRECTOR
Name	CANELO, EMILY
Address	1330 AVENUE OF THE AMERICAS, STE 23A
City-State-Zip:	NEW YORK NY 10019

Title	DIRECTOR
Name	CLARK, RYAN
Address	4 EMBARCADERO CENTER, SUITE 1900
City-State-Zip:	SAN FRANCISCO CA 94111

Title	DIRECTOR
Name	NIEHAUS, SCOTT
Address	4 EMBARCADERO CENTER SUITE 1900
City-State-Zip:	SAN FRANCISCO CA 94111

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CRAIG RAPPAPORT**TREASURER****03/01/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date