

F25000000822

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

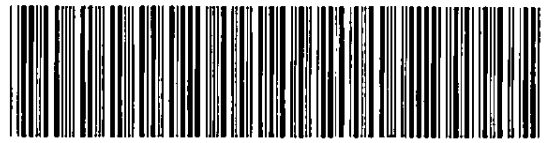
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Special Instructions to Filing Officer:

W25000013968

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APPROVED
AND
FILED
2025 JAN 26 PM 12:26
CLERK OF COURT
HARRIS COUNTY, TEXAS

FEB 12 2025
K. Brumbley



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 4, 2025

TIANA GAINES
15301 DALLAS PARKWAY, STE 500
ADDISON, TX 75001 US

SUBJECT: AMHERST SPECIALTY INSURANCE COMPANY
Ref. Number: W25000013968

We have received your document for AMHERST SPECIALTY INSURANCE COMPANY and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Chapter 628, Florida Statutes, requires all insurers in Florida to list the Chief Financial Officer as their registered agent. The registered office address is: Department of Financial Services, 200 E. Gaines St., Tallahassee, FL 32399.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Corey Pettway
Regulatory Specialist II

Letter Number: 625A00002293

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Amherst 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:

Tiana Gaines

Name of Person

Amherst Specialty Insurance Company

Firm/Company

15301 Dallas Parkway, Suite 500

Address

Addison, TX 75001

City/State and Zip code

amherstcompliance@amherstspecialty.com

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

For further information concerning this matter, please call:

Tiana Gaines at (469) 310-9130
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**

- \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certificate of Status & Certified Copy

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. Amherst 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. 93-4497454
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/15/2023 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. 15301 Dallas Parkway, Suite 500, Addison, TX 75001
(Principal office street address)

(Current mailing address, if different)

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

Name: Office of the Chief Financial Officer

Office Address: 200 East Gaines Street

Tallahassee, Florida 32399-0301
(City) (Zip code)

2025 JAN 24 PM 12: 26
APPROVED AND FILED

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]:

A. DIRECTORS

Chairman Name: Jarrod Brown
 Vice Chairman Address: 15301 Dallas Parkway, Suite 500
 Director Addison, TX 75001
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Gary Marshall
 Vice Chairman Address: 15301 Dallas Parkway, Suite 500
 Director Addison, TX 75001
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____


Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 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. Jarrod Brown - Director
 (Typed or printed name and capacity of person signing application)

Texas Department of Insurance Domestic Surplus Lines Insurer Certificate

License no. 13766736

Licensed since: December 15, 2023

Department Certification

Amherst Specialty Insurance Company
(domestic stock surplus lines company)
organized under the laws of the state of Texas

This entity has complied with the laws of the state of Texas, as applicable, and is authorized to transact the following lines of insurance as a Texas domestic surplus lines insurer:

Allied Coverages, Auto Physical Damage, Automobile Liability, Boiler & Machinery, Burglary & Theft, Employers' Liability, Fire, Forgery, Glass, Inland Marine, Liability Other than Auto, Rain

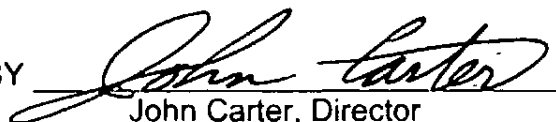
This certificate is in full force and effect until it is revoked, canceled, or suspended according to law.

Given under my hand and official seal of office
in the city of Austin,

December 15, 2023

CASSIE BROWN
COMMISSIONER OF INSURANCE

BY



John Carter, Director
Company Licensing and Registration
Financial Regulation Division
Commissioner's order no. 2023-8355

