

1/13/22, 1:00 PM

Division of Corporations

H22000017787336

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA00000023
Phone : (614)280-3338
Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

2022 JAN 13 PM 3:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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2022 JAN 13 PM 1:28

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

FOREIGN PROFIT/NONPROFIT CORPORATION
Core Specialty Insurance Services, Inc.

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$78.75

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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. Core Specialty Insurance Services, Inc.
(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. New Jersey 3. 27-0173350
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 03/27/2009 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

6. Upon Qualification
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. Harborside 5 - 185 Hudson Street, Suite 2600, Jersey City, NJ 07311
(Principal office address)

same
(Current mailing address, if different)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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.

C T Corporation System

By: [Signature]
(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. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: SEE ATTACHMENT

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: SEE ATTACHMENT

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Robert Kuzloski _____
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. Robert Kuzloski, Corporate Secretary _____
(Typed or printed name and capacity of person signing application)

List of Officers and Directors

Address for all: Harborside 5 - 185 Hudson Street, Suite 2600, Jersey City, New Jersey 07311

Officers:

Cliff Bogh - Vice President, Head of Workers Compensation

Jeff Consolino - President

Todd Dixon - Vice President, Head of Excess Casualty

Chris Herald - Vice President, Management & Professional Liability

Robert Kuzloski - Secretary

Erikalyn Lauterbach - Assistant Secretary

Tim McAndrew - Vice President, Head of Marine

Adam Newman - Vice President

Alison Oliphant - Senior Vice President, Underwriting, Property

David Phillips - Senior Vice President, Senior Underwriter

John Reitwiesner - Vice President

Paul Simeone - Vice President

Russell Sinco - Treasurer/CFO

Jeff Wanamaker - Sr. Vice President

Ryan Young - Vice President, Head of Healthcare

Directors:

Russell Sinco

Jeff Wanamaker

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

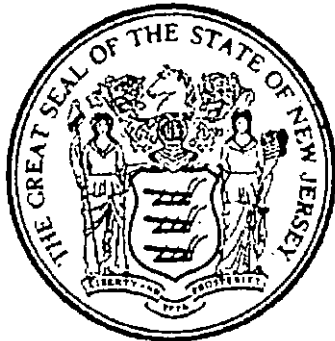
**CORE SPECIALTY INSURANCE SERVICES, INC.
0101000118**

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on March 27, 2009.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

**C T CORPORATION SYSTEM
820 BEAR TAVERN ROAD
WEST TRENTON, NJ 08628**



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 12th day of January, 2022

**Elizabeth Maher Muoio
State Treasurer**

Certificate Number : 6127303446

Verify this certificate online at

https://www1.state.nj.us/FYTR_StandingCertJSP/Verify_Cert.jsp