RI SOS Filing Number: 202448043830 Date: 3/7/2024 1:48:00 PM



### State of Rhode Island Department of State - Business Services Division

# REC'D RID**SS** BSI 24 l'er 7 : 51.48.

#### **Application for Certificate of Authority**

**FOREIGN Business Corporation** 

-> Filing Fee: \$310.00 minimum

Pursuant to the provisions of <u>RIGL 7-1.2-1405</u>, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is:				
Beazley Excess and Surplus Insurance, Inc.				
2. It is incorporated under the laws of:  Connecticut				
3. The name, if different, which it elects to use in Rho				
(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:				
(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:				
4. The date of its incorporation is: 05/04/2023				
And the period of its duration is: CHECK ONE BOX ONLY  X Perpetual (on-going)				
Date certain for dissolution				
5. The address of its principal office is:				
30 BATTERSON PARK RD, FARMINGTON, CT 06032-2579				
6. The name and address of the initial registered agent/office in Rhode Island:				
Agent Name C T Corporation System				
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A				
City/Town East Providence	State RHODE ISLAND	Zip Code <sub>02914</sub>		

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov 1:48

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7. The purpose or purpo	oses which it proposes to purs	ue in the transaction of bu	usiness in Rhode Island are:	
Property & Casualty Insurance				
8. (a) The names and restate or country of which		ectors (optional, unless dire	ectors are required under the laws of the	
NAME			DRESS	
See Attached				
			Check the box to indicate an attachment X	
8. (b) The names and roof the state or country of	espective addresses of its prir of which it is incorporated):	ncipal officers (mandatory	if directors are not required under the laws	
OFFICE	NAME		ADDRESS	
PRESIDENT	See Attached			
VICE PRESIDENT				
TREASURER				
SECRETARY				
9. The aggregate numb	per of shares which it has auth	nority to issue; itemized by	Check the box to indicate an attachment X classes, par value of shares, shares without	
par value, and series, i	f any, within a class, is:	•		
NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE	
20,000	Common		\$100	
			_	
	<del></del>		_	
located within this state	e during the following year be	ars to the value of all prop	of the property of the corporation to be erty of the corporation to be owned during	
the following year, whe	erever located. (Note: Percent	age obtained from worksh	eet.)	
0			to be transported by the corneration	
at or from places of his	percentage, of the proportion isiness in Rhode Island during oration during the following year.	i the following year compa	usiness to be transacted by the corporation ared to the gross amount thereof which will be tained from worksheet.)	
0	%			

#### Attachment for Officer's and Director's: - Beazley Excess and Surplus Insurance, Inc.

Name S	· 连套Title 集 豐 集	Address Address
Christine Oldridge	Secretary	Horwill House, Axe Road Drimpton Dorset, UK. DT8 3RJ
Belhany Greenwood	Vice President & Director	100 Pier 4 Blvd Apt 1618 Boston, MA. 02210
Daria Sullivan	Treasurer & Director	30 BATTERSON PARK RD, FARMINGTON, CT 06032-2579
Jeremiah Sulivan	President	84 Daniel Trace Burlington, CT. 06013
Alan Maguire	Asst. Secretary	30 BATTERSON PARK RD, FARMINGTON, CT 06032-2579

12. This application must be accompanied by a <u>Certificate of Go</u> formation dated within 60 days of the date of this filing.	ood Standing/Letter of Status from the state or country of
13. Date when the Certificate of Authority will be effective: CHEC	CK ONE BOX ONLY
X Date received (Upon filing)	
Later effective date (Date must be no more than 90 days from	om the date of filing)
14. Under penalty of perjury, I declare and affirm that I have exa any accompanying attachments, and that all statements contain	mined this Application for Certificate of Authority, including led herein are true and correct.
Type or Print Name of Authorized Officer	Date
Alan Maguire Assistant Secretary	03/04/2024
Signature of Authorized Officer of the Corporation	

## Secretary of the State of Connecticut Certificate of Legal Existence

Certificate of Legal Existence Certificate

Date Issued: Monday, March 04, 2024 4:33 PM

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify, that the certificate of incorporation for the below domestic Stock corporation was filed in this office.

A certificate of dissolution has not been filed, the corporation has filed all annual reports, and so far, as indicated by the records of this office, such corporation is in existence.

**Business Details** 

Business Name / Beazley Excess and Surplus Insurance, Inc.

Business ALEI / \*US-CT.BER:2781397

Formation Date , . 05/04/2023

Secretary of the State

Business ALEI: US-CT.BER:2781397 Note: To verify this certificate, visit Business.ct.gov

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Certificate Number: C-00123138

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I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

March 07, 2024 01:48 PM

Gregg M. Amore Secretary of State

Treg M. Coure

