



State of Rhode Island
Department of State - Business Services Division

Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405, 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: Fortitude Casualty Insurance Company		
2. It is incorporated under the laws of: Arizona		
3. The name, if different, which it elects to use in Rhode Island is: (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: 5/15/1986 And the period of its duration is: CHECK ONE BOX ONLY <input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____		
5. The address of its principal office is: 10 Exchange Place, Jersey City, NJ 07302		
6. The name and address of the initial registered agent/office in Rhode Island: Agent Name C T Corporation System Street Address (<u>NOT</u> a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A City/Town East Providence State RHODE ISLAND Zip Code 02914		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.govFILED
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7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

Insurance

8. (a) The names and respective addresses of its directors (optional, unless directors are required under the laws of the state or country of which it is incorporated):

NAME	ADDRESS

Check the box to indicate an attachment ☒

8. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated):

OFFICE	NAME	ADDRESS
PRESIDENT		
VICE PRESIDENT		
TREASURER		
SECRETARY		

Check the box to indicate an attachment ☒

9. The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
1,000	common		6,000

10. An estimate, **as a percentage**, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (Note: *Percentage obtained from worksheet.*)

0 _____ %

11. An estimate, **as a percentage**, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: *Percentage obtained from worksheet.*)

0 _____ %

Fortitude Casualty Insurance Company

List of Officers:

Alon Neches, President and Chief Executive Officer
10 Exchange Place
Jersey City, NJ 07302

Sean F. Coyle, Executive Vice President and Chief Operating Officer
10 Exchange Place
Jersey City, NJ 07302

Jeffrey S. Burman, Executive Vice President, General Counsel and Secretary
10 Exchange Place
Jersey City, NJ 07302

Kai Talarek, Executive Vice President and Chief Financial Officer
10 Exchange Place
Jersey City, NJ 07302

Ming Zhang, Executive Vice President and Chief Risk Officer
10 Exchange Place
Jersey City, NJ 07302

Jeffrey P. Mauro, Executive Vice President and Chief Investment Officer
10 Exchange Place
Jersey City, NJ 07302

John M. McGregor, Executive Vice President
10 Exchange Place
Jersey City, NJ 07302

Nelson Lee, Executive Vice President and Chief Actuary
10 Exchange Place
Jersey City, NJ 07302

Ellen Koke, Senior Vice President and Privacy Officer
10 Exchange Place
Jersey City, NJ 07302

Andrew Sooboodoo, Senior Vice President and Chief Regulatory Officer
10 Exchange Place
Jersey City, NJ 07302

Alan Stewart, Senior Vice President and Treasurer
10 Exchange Place
Jersey City, NJ 07302

Jamie Schmerer, Senior Vice President and Director of Internal Audit
10 Exchange Place
Jersey City, NJ 07302

Richard E. Buckley, Senior Vice President and Assistant Secretary
10 Exchange Place
Jersey City, NJ 07302

Brian P. Orndorff, Vice President and Director of Tax
10 Exchange Place
Jersey City, NJ 07302

Elliott Franklin, Vice President, Chief Information Security Officer, and Security Officer
10 Exchange Place
Jersey City, NJ 07302

List of Directors:

Alon Neches
10 Exchange Place
Jersey City, NJ 07302

Brian T. Schreiber, Chairman
10 Exchange Place
Jersey City, NJ 07302

Samuel Weinhoff
10 Exchange Place
Jersey City, NJ 07302

Richard Patching
10 Exchange Place
Jersey City, NJ 07302

Jane Tutoki
10 Exchange Place
Jersey City, NJ 07302

Kai Talarek
10 Exchange Place
Jersey City, NJ 07302

Ciara Burnham
10 Exchange Place
Jersey City, NJ 07302

12. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of this filing.

13. Date when the Certificate of Authority will be effective: **CHECK ONE BOX ONLY**

☒ Date received (Upon filing)

☐ Later effective date (Date must be no more than 90 days from the date of filing) _____

14. *Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.*

Type or Print Name of Authorized Officer

Richard Buckley

Date

8/8/2024

Signature of Authorized Officer of the Corporation

Richard E. Buckley

STATE OF ARIZONA



Office of the
CORPORATION COMMISSION

TO ALL TO WHOM THESE PRESENTS SHALL COME, GREETING:

THE EXECUTIVE DIRECTOR OF THE ARIZONA CORPORATION COMMISSION DOES HEREBY CERTIFY THAT THE RECORDS IN THIS OFFICE SHOW THAT

FORTITUDE CASUALTY INSURANCE COMPANY

AN ARIZONA CORPORATION, DID ON THE 3RD DAY OF APRIL 2024 FILE ARTICLES OF INCORPORATION AS A NON-FILING INSURANCE COMPANY.

IN WITNESS WHEREOF, I have hereunto set my hand and the official seal of the Arizona Corporation Commission on this date:
12 Day of June, 2024 A.D.



Douglas R. Clark

Douglas R. Clark, Executive Director

By: *Irish Carther*

IRIS CARTHER

Applicant Name: FORTITUDE CASUALTY INSURANCE COMPANY NAIC No. 26794
FEIN: 36-3503382

Uniform Certificate of Authority Application (UCAA)
CERTIFICATE OF COMPLIANCE

State of ARIZONA Office of DIRECTOR OF INSURANCE AND FINANCIAL INSTITUTIONS
(Domiciliary State of Applicant) (Commissioner, Superintendent, Officer)

I, KURT REGNER, hereby certify that I am the*
(Name)

DEPUTY ASSISTANT DIRECTOR, FINANCIAL AFFAIRS DIVISION of the State of ARIZONA
(Position)

and have supervision of insurance business in said State and as such I hereby certify that

FORTITUDE CASUALTY INSURANCE COMPANY
(Name of Insurer)

of PHOENIX, ARIZONA is duly organized under the laws of said State and is
(City/State)

authorized to transact the business of Casualty Without Workers' Compensation And Surety
(Lines of Insurance)**
insurance in this State.

IN TESTIMONY WHEREOF, I have hereunto set my hand at PHOENIX, ARIZONA
(Location)
on this 8th day of August, A.D. 2024.
(Month)

Kurt Regner
(Signature)

KURT REGNER
(Printed Name)



- * Insurance Commissioner, Officer or Superintendent of Insurance authorized to certify to the insurance business within the domiciliary state.
- ** Lines of Insurance as shown on Form 3 of UCAA



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

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:

September 06, 2024 10:52 AM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each name being capitalized.

Gregg M. Amore
Secretary of State

