

# FIS000005379

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations  
Spinnaker Insurance Company

**SUBJECT:** \_\_\_\_\_  
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:  
David Ingrey

\_\_\_\_\_  
Name of Person  
Spinnaker Insurance Company

\_\_\_\_\_  
Firm/Company  
221 Main Street, Suite 2

\_\_\_\_\_  
Address  
Chester, NJ 07930

\_\_\_\_\_  
City/State and Zip code  
dingrey@spinnakerins.com

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

For further information concerning this matter, please call:

Matthew Nowels                      850                      425-4000  
\_\_\_\_\_  
Name of Person                      Area Code                      Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$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

Applicant Name: Spinnaker Insurance Company  
(formerly Woodridge Insurance Company)

NAIC No. 24376  
FEIN: 93-0928537

Uniform Certificate of Authority Application (UCAA)  
Certificate of Compliance

State of Illinois  
(Domiciliary State of Applicant)

Office of Director of Insurance  
(Commissioner, Superintendent, Officer)

I, Anne Melissa Dowling, hereby certify that I am the\*  
(Name)

Acting Director of Insurance, of the State of Illinois  
(Position)

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

Spinnaker Insurance Company  
(Name of Insurer)

of Chicago, Cook County, Illinois is duly organized under the laws of said State and  
(city/state)

is authorized to transact the business of \_\_\_\_\_

(Lines of Insurance)\*\*  
(a), (b), (c); (e); (f), (g), (h), (i), (j), (k) of Class 2

(a), (b), (c), (d), (e), (f), (g), (h) of Class 3

\_\_\_\_\_ insurance in this State.

IN TESTIMONY WHEREOF, I have hereunto set my hand at Springfield, Illinois  
(Location)

on this 13th day of October, A.D. 20 15  
(Month)

Anne Melissa Dowling  
(Signature)

Anne Melissa Dowling  
(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

**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.*

Spinnaker Insurance Company

1. \_\_\_\_\_  
(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. \_\_\_\_\_ 3. \_\_\_\_\_  
Illinois 93-0928517  
(State or country under the law of which it is incorporated) (FEI number, if applicable)  
07/28/1986

4. \_\_\_\_\_ 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)  
N/A

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  
233 South Wacker Drive, Suite 5500, Chicago, IL 60606

7. \_\_\_\_\_  
(Principal office address)  
221 Main Street, Suite 2, Chester, NJ 07930  
\_\_\_\_\_  
(Current mailing address, if different)

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

Name: Chief Financial Officer, State of Florida  
Division of Legal Services-Service of Process  
Office Address: 200 East Gaines Street  
P.O. Box 6200  
Tallahassee, Florida 32314-6200  
(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.*

\_\_\_\_\_  
(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: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: Lawrence Mason

Address: c/o Segal, McCambridge, Singer & Mahoney

Address: 233 South Wacker Drive, Suite 5500, Chicago, IL 60606

Director: Michael Lamplot

Address: 352 West Utley Road, Elmhurst, IL 60126

**B. OFFICERS**

President: David Ingrey

Address: 221 Main Street, Suite 2, Chester, NJ 07930

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Secretary: Adam Tyburski

Address: 221 Main Street, Suite 2, Chester, NJ 07930

Address: \_\_\_\_\_

Treasurer: Jesse Willmott

Address: 221 Main Street, Suite 2, Chester, NJ 07930

Address: \_\_\_\_\_

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

12. David Ingrey \_\_\_\_\_  
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. DAVID INGREY - PRESIDENT \_\_\_\_\_  
(Typed or printed name and capacity of person signing application)

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2015 DEC 14 AM 10:36  
DEPARTMENT OF STATE  
HALLMARKS CENTER  
ALLAHAMSETT, MA 01904

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**Addendum to Application by Foreign Corporation for Authorization to Transact Business  
in Florida – Spinnaker Insurance Company**

**A. Directors**

Director: Daniel Yunker

Address: 222 S. Riverside Plaza, Suite 1900, Chicago, IL 60606

Director: David Ingrey

Address: 221 Main Street, Suite 2, Chester, NJ 07930

Director: Kenneth Ingrey

Address: 10 Ridge Lane, Orinda, CA 94563

Director: Jesse Wilmott

Address: 221 Main Street, Suite 2, Chester, NJ 07930

Director: Adam Tyburski

Address: 221 Main Street, Suite 2, Chester, NJ 07930