

F19000001173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

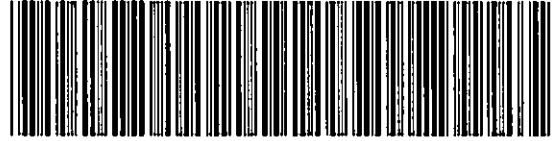
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

cert W19-9699 perm

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19 MAR -7 PM 3:25  
PROPERTY OF STATE  
TALLAHASSEE, FLORIDA

O SIMMONS  
MAR 12 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 30, 2019

VICTOR MARTINEZ  
401 WILSHIRE BLVD, STE 300  
SANT AMONICA, CA 90401

SUBJECT: CIMARRONINSURANCE COMPANY  
Ref. Number: W19000009699

We have received your document for CIMARRONINSURANCE COMPANY and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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.

Octavia L Simmons  
Regulatory Specialist III

Letter Number: 119A00002187

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Cimarron Insurance Company, Inc.  
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:

Victor Martinez  
Name of Person

Perr&Knight  
Firm/Company

401 Wilshire Blvd, Suite 300  
Address

Santa Monica, CA 90401  
City/State and Zip code

vmartinez@perrknight.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Victor Martinez at ( 310 ) 893-0047  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

New Filing 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

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.

Cimarron Insurance Company, Inc.

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) Arizona 48-0516614

2. (State or country under the law of which it is incorporated) 03/21/1947 3. (FEI number, if applicable)

4. (Date of incorporation) N/A 5. Perpetual (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) 8601 N. Scottsdale Rd Suite 300, Scottsdale AZ, 85253

7. (Principal office address) 4312 Stourton Lane, Charlotte, NC 28226 (Current mailing address, if different)

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

Name: Edward Louis Ristaino

Office Address: 350 East Las Olas Blvd

Fort Lauderdale, Florida 33301 (City) (Zip code)

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.

Edward Louis Ristaino

(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.

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11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Jeffrey Scott Roschman

Address: 6300 NE 1st Avenue, #300 Fort Lauderdale, FL 33334

Vice Chairman: See Addendum

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

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**B. OFFICERS**

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

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. Edward Louis Ristaino  
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. Edward Louis Ristaino, Secretary and General Counsel  
(Typed or printed name and capacity of person signing application)

Cimarron Insurance Company, Inc Officers and Directors

Officers:

1. Name: Paul Von Hinderburg Halter III  
Title: CEO and President  
Address: 4312 Stourton Lane, Charlotte, NC 28226
2. Name: Edward Louis Ristaino  
Title: Secretary and General Counsel  
Address: 350 East Las Olas Blvd, Suite 1600, Fort Lauderdale, FL 33301
3. Name: Jeffrey Scott Roschman  
Title: Chairman  
Address: 6300 NE 1<sup>st</sup> Ave, #300, Fort Lauderdale, FL 33334
4. Name: Kevin Frank Lancey  
Title: Chief Financial Officer  
Address: 6300 NE 1<sup>st</sup> Ave, #300, Fort Lauderdale, FL 33334
5. Name: Timothy John Ermantinger  
Title: Chief Operating Officer  
Address: 11121 Carmel Commons Blvd. Suite 375 Charlotte, NC 28226
6. Name: Colin Timothy O'Conner  
Title: Chief information Officer  
Address: 6300 NE 1<sup>st</sup> Ave, #300, Fort Lauderdale, FL 33334

Directors:

1. Name: Jeffrey Scott Roschman  
Address: 6300 NE 1<sup>st</sup> Ave, #300, Fort Lauderdale, FL 33334
2. Name: Paul Von Hinderburg Halter III  
Address: 4312 Stourton Lane, Charlotte, NC 28226
3. Name: Kevin Frank Lancey  
Address: 6300 NE 1<sup>st</sup> Ave, #300, Fort Lauderdale, FL 33334
4. Name: Edward Louis Ristaino  
Address: 350 East Las Olas Blvd, Suite 1600, Fort Lauderdale, FL 33301


5. Name: Stephan Nelson Tchividjian  
Address: 2770 NE 8 ST, Ponpano Beach, FL 33062
  
6. Name: Robert Harvey Santom  
Address: 15339 Twin Beech Parkway, Port St Lucie, Florida 34987

**STATE  
OF  
ARIZONA**

**DEPARTMENT OF INSURANCE**

*THIS IS TO CERTIFY, THAT THIS  
INSTRUMENT IS A FULL, TRUE AND  
CORRECT COPY OF THE ORIGINAL ON  
FILE WITH THE DEPARTMENT OF  
INSURANCE OF THE STATE OF ARIZONA  
AND CONSISTS OF 1 PAGE(S)*

**HEREUNTO SET MY HAND AND THE OFFICIAL SEAL OF THIS DEPARTMENT  
FOR THE DIRECTOR OF INSURANCE THIS 7 DECEMBER 2018.**

  
\_\_\_\_\_  
**AUTHORIZED REPRESENTATIVE**

**CERTIFICATE No.:**

302691





**STATE OF ARIZONA  
DEPARTMENT OF INSURANCE  
CERTIFICATE OF AUTHORITY**

I, Kurt A. Regner, Assistant Director of Insurance of the State of Arizona, do hereby certify that

**Cimarron Insurance Company, Inc.**

**Domiciled in Arizona**

**NAIC No. 20400**

has complied with the requirements of the Arizona Revised Statutes, Title 20 and is hereby authorized, subject to the provisions thereof and the charter powers of said Company, to transact the following kinds of insurance business:

**Casualty With Workers' Compensation**

**Disability**

**Marine And Transportation**

**Property**

**Vehicle**

within the State of Arizona unless surrendered, suspended or revoked by the Director of Insurance.

In TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Director of Insurance at the City of Phoenix. The effective date of this certificate is March 09, 2018.



**Kurt A. Regner  
Assistant Director**



302691