

F22000000959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

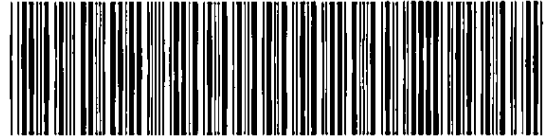
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

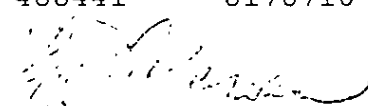


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OFFICE

S. HAWKES
FEB - 2021

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 488441 8176710
AUTHORIZATION : 
COST LIMIT : \$70.00

ORDER DATE : February 15, 2022
ORDER TIME : 9:36 AM
ORDER NO. : 488441-005
CUSTOMER NO: 8176710

FOREIGN FILINGS

NAME: CPP INSURANCE COMPANY

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CPP Insurance Company
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:

Kamron W. Abedi, Esquire
Name of Person
Saxton & Stump, LLC
Firm/Company
280 Granite Run Drive, Suite 300
Address
Lancaster, PA 17601
City/State and Zip code
kwa@saxtonstump.com ✓
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kamron W. Abedi, Esquire at (717) 556-1034
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$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.

1. CPP Insurance Company
(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. South Carolina 3. 65-1181521
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 01/16/2003 5. _____
(Date of incorporation) (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)

7. 12 Gillon Street, Charleston, SC 29401
(Principal office street address)

12 Gillon Street, Charleston, SC 29401
(Current mailing address, if different)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

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FEB 16 AM 10:02

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.

Eyelima Bahor
Assistant Vice President

(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

Chairman Name: Thomas G. Helinek
 Vice Chairman Address: c/o West Reading Radiology Asso
 Director 301 South 7th Avenue, Suite 135
 President West Reading, PA 19611
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Louis La Luna
 Vice Chairman Address: c/o Digestive Disease Associates
 Director 1011 Reed Avenue, Suite 300
 President Wyomissing, PA 19610
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

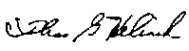
Chairman Name: John P. Scanlon
 Vice Chairman Address: 8815 Germantown Avenue
 Director Suite 11
 President Philadelphia, PA 19118
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Suzette J. Song
 Vice Chairman Address: c/o OSS Health
 Director 1855 Powder Mill Road
 President York, PA 17402
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Christian R. Stormer
 Vice Chairman Address: 1501 Main Street, Suite 601
 Director Columbia, SC 29201
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Wayne R. Conrad
 Vice Chairman Address: c/o Lancaster Orthopedic Group
 Director 231 Granite Run Drive
 President Lancaster, PA 17061
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. 

 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. Thomas G. Helinek, President

 (Typed or printed name and capacity of person signing application)

**ATTACHMENT TO APPLICATION BY FOREIGN CORPORATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA OF
CPP INSURANCE COMPANY**

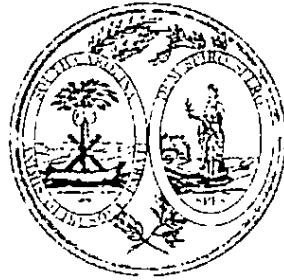
11. A. DIRECTORS cont.

■ Director
■ Secretary
Name: Robert delRosario
Address: c/o Partners in Women's Healthcare
One Lemoyne Sq. Plaza, Ste. 201
Lemoyne, PA 17043

■ Director
Name: Christopher S. McClellan
Address: 3000 Fairway Drive
Altoona, PA 16602

■ Director
Name: Harry S. Sahi
Address: 108 Lowther Street
Lemoyne, PA 17043

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

CPP Insurance Company, a corporation duly organized under the laws of the State of South Carolina on January 16th, 2003, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the corporation that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-14-210, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 9th day
of February, 2022.


Mark Hammond, Secretary of State