

# F070000003775

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

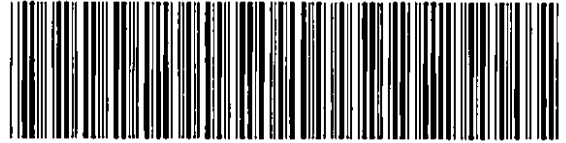
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE

OCT - 4 2023

Office Use Only



700414726177

08/28/23--01029--006 \*\*43.75

FILED  
23 AUG 28 PM 12:39  
FILING OFFICE  
VICTORIA

August 25, 2023

Florida Department of State  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

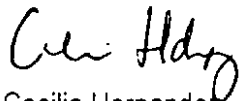
RE: Accident Insurance Company, Inc.

Dear Sir/Madam,

Enclosed please find an Application by Foreign Profit Corporation to File Amendment to Application for Authorization to Transact Business in Florida and check number 7862 in the amount of \$43.75 for the filing fee and a certified copy.

Please do not hesitate to contact the licensing department should you need anything further.

Sincerely,



Cecilia Hernandez  
Legal Specialist

[Licensing@invopeo.com](mailto:Licensing@invopeo.com)  
(865) 482 8170

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

Attached are forms for a change of name, duration, or jurisdiction, for a foreign profit corporation qualified to do business in Florida as required by section 607.1504, Florida Statutes.

- Complete the appropriate application for amendment attached to this letter.
- An original certificate or a document of similar import from the state of incorporation evidencing the amendment must be submitted with the application. The certificate must be issued within the past 90 days.
- Fees for the amendment are:

<b>Filing Fee</b>	\$ 35.00 (Includes a letter of acknowledgment)
<b>Certified Copy (optional)</b>	\$ 8.75
<b>Certificate of Status (optional)</b>	\$ 8.75
- Send one check in the total amount made payable to the Florida Department of State.
- Please include a letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

**Mailing Address:**

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

**Street Address:**

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

For further information, you may call (850) 245-6050.

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR**  
**AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F07000003775

(Document number of corporation (if known))

1. Accident Insurance Company, Inc.

(Name of corporation as it appears on the records of the Department of State)

2. South Carolina

(Incorporated under laws of)

3. 07/27/07

(Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? \_\_\_\_\_

5. \_\_\_\_\_  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) \_\_\_\_\_

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

\* 7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

New Mexico

(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
Signature of New Registered Agent, if changing

FILED  
23 AUG 28 PM 12:41  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Accident Insurance Company, Inc.

Name of Corporation

DOCUMENT NUMBER: FO1000003775

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cecilia Hernandez

Name of Contact Person

Accident Insurance Company, Inc.

Firm/Company

800 Oak Ridge Tpke, Ste A500

Address

Oak Ridge, TN 37830

City/State and Zip Code

licensing@INVOPEO.com

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

For further information concerning this matter, please call:

Cecilia Hernandez

Name of Contact Person

at ( 865 ) 482 9170

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☒ \$43.75 Filing Fee &  
Certified Copy

☐ \$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy

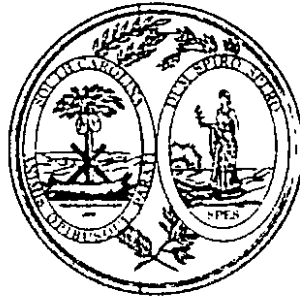
**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
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Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
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# *The State of South Carolina*



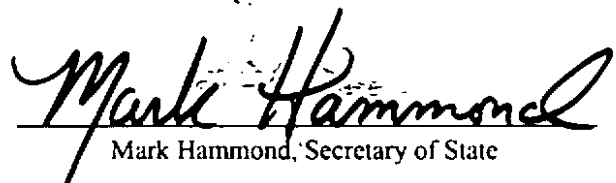
*Office of Secretary of State Mark Hammond*

## **Certificate of Authority**

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

Accident Insurance Company, Inc., a corporation duly organized under the laws of the state of New Mexico and issued a certificate of authority to transact business in South Carolina on December 12th, 2018, has on 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 its authority to transact business in South Carolina is subject to being revoked pursuant to S.C. Code Ann. §33-15-310, and no application for surrender of authority to do business in South Carolina has been filed in this office as of the date hereof.

Given under my Hand and the Great Seal  
of the State of South Carolina this 14th day  
of August, 2023.

  
Mark Hammond, Secretary of State



STATE OF NEW MEXICO

**MAGGIE TOULOUSE OLIVER**

SECRETARY OF STATE

***Certificate of Good Standing and Compliance***

IT IS HEREBY CERTIFIED THAT:

**Accident Insurance Company, Inc.**

**5350484**

the above named entity, a Corporation incorporated under the laws of New Mexico, is duly authorized to transact business in New Mexico as a Domestic Profit Corporation, under the

**Business Corporation Act**

**53-11-1 to 53-18-12 NMSA 1978**

having filed its Articles of Incorporation on December 28, 2016, and Certificate of Incorporation issued as of said date.

It is further certified that the fees due to the Office of the Secretary of State which have been assessed against the above named entity have been paid to date and the entity is in good standing and duly authorized to transact business as its existence has not been revoked in New Mexico. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.

Certificate Issued: **August 24, 2023**

**In testimony whereof, the Office of the Secretary of State has caused this certificate to be signed on this day in the City of Santa Fe, and the seal of said office to be affixed hereto.**



*Maggie Toulouse Oliver*

**Maggie Toulouse Oliver**  
Secretary of State

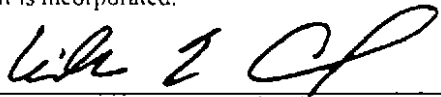
**Certificate Validation #: 0079606**

A certificate issued electronically from the New Mexico Secretary of State's office is immediately valid and effective. The validity of a certificate may be established by viewing the **Certificate Validation** option on the Business Filing System at <https://portal.sos.state.nm.us/bfs/online> and following the instructions displayed under **Certificate Validation**.

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

William M Arwood

(Typed or printed name of person signing)

CEO

(Title of person signing)

FILING FEE \$35.00

August 25, 2023

Florida Department of State  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

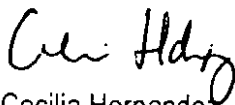
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DIVISION OF CORPORATIONS

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For further information, you may call (850) 245-6050.

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Accident Insurance Company, Inc.

Name of Corporation

DOCUMENT NUMBER: F01000003775

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Please return all correspondence concerning this matter to the following:

Cecilia Hernandez

Name of Contact Person

Accident Insurance Company, Inc.

Firm/Company

800 Oak Ridge Tpke, Ste A500

Address

Oak Ridge, TN 37830

City/State and Zip Code

licensing@INVOPEO.COM

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

For further information concerning this matter, please call:

Cecilia Hernandez

Name of Contact Person

at ( 865 ) 482 8170

Area Code & Daytime Telephone Number

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**PROFIT CORPORATION**  
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(Pursuant to s. 607.1504, F.S.)

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Name of New Registered Agent \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

# *The State of South Carolina*




*Office of Secretary of State Mark Hammond*

## **Certificate of Authority**

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STATE OF NEW MEXICO

**MAGGIE TOULOUSE OLIVER**

SECRETARY OF STATE

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**Maggie Toulouse Oliver  
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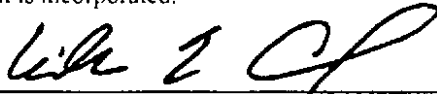
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_____	_____	_____	<input type="checkbox"/> Add
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(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

William M Arawood

(Typed or printed name of person signing)

CEO

(Title of person signing)

**FILING FEE \$35.00**