

F120000000480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

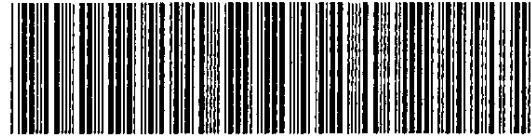
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1/4

## COVER LETTER

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

**SUBJECT:** Brierfield 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:

Leslie Pike/Compliance Analyst

Name of Person

FCCI Insurance Group

Firm/Company

6300 University Parkway

Address

Sarasota, FL 34240

City/State and Zip code

ComplianceDept@fcci-group.com

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

For further information concerning this matter, please call:

Leslie Pike

Name of Person

at ( 941 ) 907-7624

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 24, 2012

LESLIE PIKE/COMPLIANCE ANALYST  
FCCI INSURANCE GROUP  
6300 UNIVERSITY PARKWAY  
SARASOTA, FL 34240

SUBJECT: BRIERFIELD INSURANCE COMPANY  
Ref. Number: W12000004553

We have received your document for BRIERFIELD INSURANCE COMPANY and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return the corrected original and one copy of 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) 245-6962.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 612A00001759

**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. Brierfield 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. Mississippi

(State or country under the law of which it is incorporated)

3. 64-0911627

(FEI number, if applicable)

4. 9/1/1999

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. n/a- no business transacted by Brierfield Insurance Company in Florida

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1020 Highland Colony Pkwy, Suite 800    Ridgeland MS 39157-2128

(Principal office address)

6300 University Parkway    Sarasota, FL 34240

(Current mailing address)

8. Property & Casualty Insurance Carrier

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: Tom Koval

Office Address: 6300 University Parkway

Sarasota, FL

(City)

, Florida 34240

(Zip code)

10. **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)

11. 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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TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: John Thomas Stafford

Address: 6300 University Parkway  
Sarasota, FL 34240

Vice Chairman: n/a

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

Director: Gordon William Jacobs, Director

Address: 6300 University Parkway  
Sarasota, FL 34240

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

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

**B. OFFICERS**

President: Craig Allan Johnson, Director, President and CEO

Address: 6300 University Parkway  
Sarasota, FL 34240

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

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

Secretary: Thomas A. Koval, Senior Vice President, & Secretary

Address: 6300 University Parkway Sarasota, FL 34240

Treasurer: Christopher Samir Shoucair, EVP, CFO & Treasurer

Address: 6300 University Parkway Sarasota, FL 34240

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

13. \_\_\_\_\_

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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.

14. Thomas A. Koval, SVP & Secretary

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**BRIERFIELD INSURANCE COMPANY**

John Thomas Stafford	Chairman
Robert Weld Benjamin	Director
Robert Winthrop Flanders	Director
Roy Allan Yahraus	Director
Charles Robert Baumann	Director
Marvin Stephen Haber	Director
Timothy Joseph Clarke	Director
Gordon William Jacobs	Director
Craig Allan Johnson	Director, President & CEO
Christopher Samir Shoucair	Executive Vice President, CFO & Treasurer
Thomas Augustine Koval	Senior Vice President & Secretary
Joseph Anthony Keene	Executive Vice President
Rupert Lee Willis	Executive Vice President & Chief Regional Officer
Michelle Marie Jalbert	Vice President, Controller, & Asst. Treasurer

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# State of Mississippi

## Office of the Secretary of State

C. Delbert Hosemann, Jr., Secretary of State  
Jackson, Mississippi

### CERTIFICATE

I, C. DELBERT HOSEMAN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify as follows:

That on September 22, 1999, the State of Mississippi issued Life Insurance Company charter of incorporation to BRIERFIELD INSURANCE COMPANY.

That insofar as the records of this office are concerned, the said BRIERFIELD INSURANCE COMPANY is in good standing at this time.



Given under my hand  
and seal of office  
December 21, 2011

*C. Delbert Hosemann, Jr.*

C. Delbert Hosemann, Jr.  
Secretary of State

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA