

F12000005047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

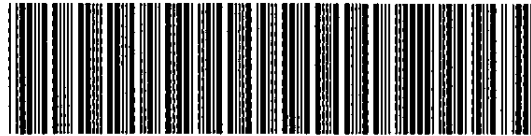
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/14/12--01012--007 **78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
12/17

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Boston Indemnity 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:

Kara Water, Senior Compliance Analyst

Name of Person

Boston Indemnity Company, Inc.

Firm/Company

12890 Lebanon Road

Address

Mount Juliet, TN 37122

City/State and Zip code

kwaters@lexonsurety.com

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

For further information concerning this matter, please call:

Kara Waters

Name of Person

at (615) 553-9460

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

November 15, 2012

KARA WATER
BOSTON INDEMNITY COMPANY, INC.
12890 LEBANON ROAD
MOUNT JULIET, TN 37122

SUBJECT: BOSTON INDEMNITY COMPANY, INC.
Ref. Number: W12000057853

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

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Ruby Dunlap
Regulatory Specialist II

Letter Number: 712A00027640

**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. Boston Indemnity Company, Inc.

(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 Dakota

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

3. 46-0310317

(FEI number, if applicable)

4. 02/19/1971

(Date of incorporation)

5. Perpetual

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

6. N/A

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

7. 520 6th Street, Brookings, SD 57006

(Principal office address)

300 Brickstone Square, Ste 201, Andover, MA 01810

(Current mailing address)

8. Insurance writing company

(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: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Stephanie K. Milnes Assistant V.P.
(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.

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

A. DIRECTORS

Chairman: Thomas Dieruf

Address: 10000 Shelbyville Rd, Ste 100
Louisville, KY 40223

Vice Chairman: _____

Address: _____

Director: Matthew Semeraro

Address: 300 Brickstone Square, Ste 201
Andover, MA 01810

Director: _____

Address: _____

B. OFFICERS

President: Matthew Semeraro

Address: 300 Brickstone Square, Ste 201
Andover, MA 01810

Vice President: Rose Culbertson

Address: 12890 Lebanon Road
Mount Juliet, TN 37122

Secretary: Philip Gregory Lauer

Address: 10002 Shelbyville Rd, Ste 100, Louisville, KY 40223

Treasurer: Philip Gregory Lauer

Address: 10002 Shelbyville Rd, Ste 100, Louisville, KY 40223

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. Rose Culbertson, Vice President

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of South Dakota



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICE OF THE SECRETARY OF STATE

Certificate of Existence Domestic Corporation

ORGANIZATIONAL ID #: DB010474

I, **Jason M. Gant**, Secretary of State of the State of South Dakota, do hereby certify that **BOSTON INDEMNITY COMPANY, INC.**, was duly incorporated under the laws of this state on **February 19, 1971** for a **perpetual** term of existence.

I, further certify that said corporation has complied with the laws of this State relative to the formation of corporations of its kind and is now a regularly and properly organized and existing corporation under the laws of this State and is in good standing, as shown by the records of this office. The annual report required by law has been filed with our office and articles of dissolution have not been filed. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the corporation's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of South Dakota, in Pierre, the Capital City, this December 12, 2012.

Jason M. Gant

Jason M. Gant
Secretary of State