

F13000000/611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

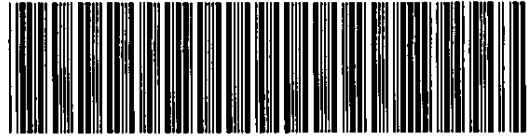
(Document Number)

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~~613-16254~~

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03/18/13--01042--006 **87.50

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TALLAHASSEE FLORIDA

VH

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Prime Property & Casualty Insurance 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:

Tonia Hashimoto

Name of Person

Prime Insurance Company

Firm/Company

8722 S. Harrison Street

Address

Sandy, UT 84070

City/State and Zip code

toniah@primeis.com

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

For further information concerning this matter, please call:

Tonia Hashimoto

Name of Person

at (801) 304-5577

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

March 19, 2013

TONIA HASHIMOTO
8722 S. HARRISON STREET
SANDY, UT 84070

SUBJECT: PRIME PROPERTY & CASUALTY INSURANCE INC.
Ref. Number: W13000016254

We have received your document for PRIME PROPERTY & CASUALTY INSURANCE INC. and your check(s) totaling \$87.50. 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.

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

The name and title of the person signing the document must be noted beneath or opposite the signature.

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) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 813A00006489

**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. Prime Property & Casualty Insurance 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. Illinois

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

3. 45-5518331

(FEI number, if applicable)

4. 03/06/2012

(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. 8722 S. Harrison Street, Sandy, UT 84070

(Principal office address)

8722 S. Harrison Street, Sandy, UT 84070

(Current mailing address)

8. To engage in insurance and reinsurance business as a conventional stock property & casualty insurer.

(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: Richard Sox

Office Address: 2822 Remington Green Circle

Tallahassee

(City)

, Florida 32308

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

A. DIRECTORS

Chairman: Rick J. Lindsey

Address: 8722 S. Harrison Street, Sandy, UT 84070

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TALLAHASSEE FLORIDA

Vice Chairman: _____

Address: _____

Director: Barbara Ann Malkowski

Address: 303 W. Madison Street, Suite 2075, Chicago, IL 60606

Director: Delmer R. Mitchell, Jr.

Address: 8722 S. Harrison Street, Sandy, UT 84070

B. OFFICERS

President: Rick J. Lindsey

Address: 8722 S. Harrison Street, Sandy, UT 84070

Vice President: _____

Address: _____

Secretary: Jeffrey P. Leman

Address: 8722 S. Harrison Street, Sandy, UT 84070

Treasurer: Brent Seegmiller

Address: 8722 S. Harrison Street, Sandy, UT 84070

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. Rick J. Lindsey

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

Addendum

12.

A. Additional Director

Director: Joseph D. Keenan, III

Address: 8722 S. Harrison Street, Sandy, UT 84070

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TALLAHASSEE FLORIDA

Addendum

12.

A. Additional Director

Director: Joseph D. Keenan, III

Address: 8722 S. Harrison Street, Sandy, UT 84070

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TALLAHASSEE FLORIDA



STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
320 WEST WASHINGTON STREET
SPRINGFIELD, ILLINOIS 62767-0001

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TALLAHASSEE FLORIDA



I, the undersigned, Director of Insurance of the State of Illinois, hereby certify that the document to which this Certification is attached is a true and correct copy of the original now on file in and forming a part of the records of the Illinois Department of Insurance.

In witness whereof, I hereto set my hand and cause to be affixed this Seal in Springfield, Illinois.

Date: MAR 6 2013 Andrew Baron
Director of Insurance *mm3*

STATE OF ILLINOIS

DEPARTMENT OF INSURANCE



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TALLAHASSEE FLORIDA

Whereas, the Prime Property & Casualty Insurance Inc

located at Chicago, Cook County, in the State of Illinois
has complied with all the requirement of the "Illinois Insurance Code" applicable to
said Company:

NOW, THEREFORE, I, the undersigned, Director of Insurance of the State of
Illinois, do hereby authorize the said Company to transact its appropriate business as
set forth under Clauses(s) _____

(a), (b), (c), (d), (e), (f), (g), (h), (i), (j), (k), (l) of Class 2

(a), (b), (c), (d), (e), (f), (g), (h), (i) of Class 3

of Section 4 of the "Illinois Insurance Code" in this State, in accordance with the laws
thereof.

DEPARTMENT OF INSURANCE of the State of
Illinois;

DATE: 6-28-12



Andrew Boron
ANDREW BORON
DIRECTOR OF INSURANCE