

F13000001688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

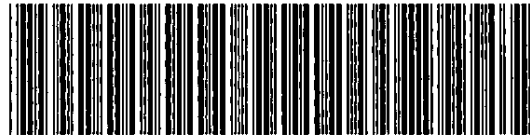
(Business Entity Name)

(Document Number)

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

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W13-20938

FILED  
13 APR 17 PM 4:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

18 APR 18 2013

Push

## COVER LETTER

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

**SUBJECT:** Cross Insurance, Inc. - Higher Education Division

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:

Dianne Wharton

Name of Person

Cross Insurance

Firm/Company

PO Box 1388

Address

Bangor, ME 04402

City/State and Zip code

mbelanger@crossagency.com

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

For further information concerning this matter, please call:

Dianne Wharton

Name of Person

at ( 207 ) 947-7345 x208

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

April 10, 2013

DIANNE WHARTON  
PO BOX 1388  
BANGOR, ME 04402

SUBJECT: CROSS INSURANCE, INC. - HIGHER EDUCATION DIVISION  
Ref. Number: W13000020936

We have received your document for CROSS INSURANCE, INC. - HIGHER EDUCATION DIVISION 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.

Please return 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.

Tim Burch  
Regulatory Specialist II

Letter Number: 013A00008492

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. **Cross Insurance, Inc. - Higher Education Division**

(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. **Maine**

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

3. **46-0971618**

(FEI number, if applicable)

4. **9/12/2012**

(Date of incorporation)

5. **perpetual**

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

6. **3/07/2013**

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

7. **930 Commonwealth Ave., Suite 2, Boston, MA 02215**

(Principal office address)

**PO Box 1388, Bangor, ME 04402**

(Current mailing address)

8. **Insurance Agency**

(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: **CT Corporation System**

Office Address: **1200 South Pine Island Road**

**Plantation**

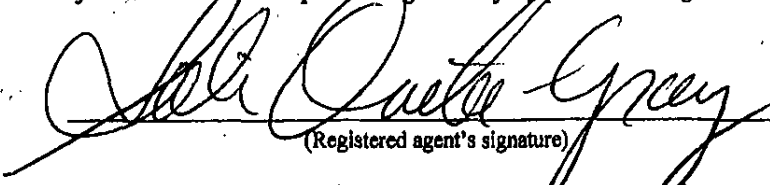
(City)

, Florida **33324**

(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)

**SALINA OMENTA-GRAY**  
**SPECIAL ASSISTANT SECRETARY**

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: Woodrow W. Cross

Address: 74 Gilman Road, PO Box 1388  
Bangor, ME 04402

Vice Chairman: \_\_\_\_\_

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

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

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

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

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

**B. OFFICERS**

President: Royce M. Cross

Address: 74 Gilman Road, PO Box 1388  
Bangor, ME 04402

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

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

Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

**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. Royce M. Cross, President

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

FILED  
13 APR 17 PM 1:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# State of Maine



## Department of the Secretary of State

FILED  
13 APR 17 PM 4:05  
SECRETARY OF STATE  
TALLAMOUNT

*I, the Secretary of State of Maine, certify that according to the provisions of the Constitution and Laws of the State of Maine, the Department of the Secretary of State is the legal custodian of the Great Seal of the State of Maine which is hereunto affixed and of the reports of organization, amendment and dissolution of corporations and annual reports filed by the same.*

*I further certify that CROSS INSURANCE, INC. - HIGHER EDUCATION DIVISION, formerly ARRI, INC., formerly CROSS INSURANCE, INC. - HIGHER EDUCATION PRACTICE is a duly organized business corporation under the laws of the State of Maine and that the date of incorporation is September 12, 2012.*

*I further certify that on:*

September 12, 2012 ARTICLES OF INCORPORATION were filed.  
November 13, 2012 CHANGE OF LEGAL NAME was filed.  
December 17, 2012 CHANGE OF LEGAL NAME was filed.

*No further amendments have been filed to date.*

*I further certify that said business corporation has filed annual reports due to this Department, and that no action is now pending by or on behalf of the State of Maine to forfeit the charter and that according to the records in the Department of the Secretary of State, said corporation is a legally existing business corporation in good standing under the laws of the State of Maine at the present time.*

*In testimony whereof, I have caused the Great Seal of the State of Maine to be hereunto affixed. Given under my hand at Augusta, Maine, this fourth day of April 2013.*



A handwritten signature in black ink, appearing to read "Matthew Dunlap", written over a horizontal line.

Matthew Dunlap  
Secretary of State