

F140000005492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

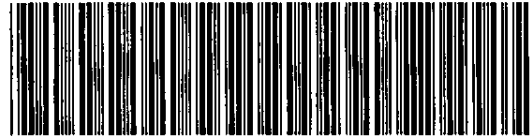
☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



600267725116

12/29/14--01008--020 **78.75

14 DEC 29 PM 1:20

RECEIVED
DIVISION OF REVENUE
12/29/14

Office Use Only

DEC 30 2014

T. SCOTT

Patton Compliance
Insurance licensing compliance.
It's what we do.



1959 Meadow Lane
Wyomissing, PA 19610
Phone: 610-741-6315

E-mail: mlittlejohn1959@comcast.net

December 24, 2014

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Application for Certificate of Authority for a Foreign Corporation
THP Insurance Company

Dear Corporate Records Administrator:

Enclosed please find a completed application submitted by THP Insurance Company requesting a Certificate of Authority to transact business in Florida. The following documents are enclosed with the application:

- Check in the amount of \$78.75
- Certificate of Existence from WV
- One original and one copy of the application

THP Insurance Company authorizes Patton Compliance, LLC to represent its company and to correspond directly with your department on its behalf.

Please direct any correspondence regarding the enclosed application to me at the address above.

Thank you in advance for your consideration of this application.

Sincerely,

A handwritten signature in cursive script, reading "Mary Littlejohn-Garber".

Mary Littlejohn-Garber
Enclosures

14 DEC 29 PM 1:20



COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: THP 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:

Mary Littlejohn-Garber

Name of Person

Patton Compliance, LLC

Firm/Company

1959 Meadow Lane

Address

Wyomissing, PA 19610 (e-mail for this application: mlittlejohn1959@comcast.net)

City/State and Zip code

jwhorton@healthplan.org

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

For further information concerning this matter, please call:

Mary Littlejohn-Garber

at (610) 741-6315

Name of Person

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

**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. THP 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. West Virginia 3. 55-0765726
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 03/01/1999 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 1317 VanVoorhis Road, Morgantown, WV 26505
(Principal office address)
1317 VanVoorhis Road, Morgantown, WV 26505
(Current mailing address)

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

Name: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

9. 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.

NRAI Services, Inc.
By: Jay Schroeder, Asst. Secretary
(Registered agent's signature)

10. 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.

14 DEC 29 PM 1:20
RECEIVED
DIVISION OF
CORPORATION
STATE OF FLORIDA

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

A. DIRECTORS

Chairman: John D. Holloway, M.D.

Address: 1317 VanVoorhis Rd., Morgantown, WV 26505

Vice Chairman: John E. Wright, IV

Address: 1317 VanVoorhis Rd., Morgantown, WV 26505

Director: James M. Pennington

Address: 1317 VanVoorhis Rd., Morgantown, WV 26505

Director: Jeffrey M. Knight

Address: 1317 VanVoorhis Rd., Morgantown, WV 26505

Director: Nicholas P. Zervos, 1317 VanVoorhis Rd., Morgantown, WV 26505

B. OFFICERS

President: James M. Pennington, CEO, President

Address: 1317 VanVoorhis Rd., Morgantown, WV 26505

Vice President: Jeffrey M. Knight, CFO

Address: 1317 VanVoorhis Rd., Morgantown, WV 26505

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12. _____
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.

13. James M. Pennington, CEO, President
(Typed or printed name and capacity of person signing application)

14 DEC 29 PM 1:21



Certificate

***I, Natalie E. Tennant, Secretary of State of the
State of West Virginia, hereby certify that***

THP INSURANCE COMPANY

was incorporated under the laws of West Virginia and a Certificate of Incorporation was issued by the West Virginia Secretary of State's Office on March 01, 1999.

I further certify that the corporation has not been revoked by the State of West Virginia nor has the West Virginia Secretary of State issued a Certificate of Dissolution to the corporation.

Accordingly, I hereby issue this

CERTIFICATE OF EXISTENCE

Validation ID:4WV3B_YX2QE



*Given under my hand and the
Great Seal of the State of
West Virginia on this day of
December 11, 2014*

Natalie E. Tennant

Secretary of State