

FILE 000002862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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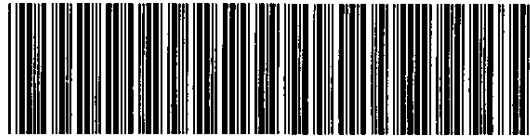
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/23/16--01022--016 **95.00

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2016 JUN 23 P 12:22
CLERK OF STATE
TALLAHASSEE, FLORIDA

S Warren
JUN 24 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Excelsior Insurance Brokerage, 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:

Geneva Reimer

Name of Person

c/o Polsinelli PC

Firm/Company

6201 College Blvd., Suite 500

Address

Overland Park, KS 66211

City/State and Zip code

greimer@polsinelli.com

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

For further information concerning this matter, please call:

Geneva Reimer

913 234-7518
at ()

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration 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.*

Excelsior Insurance Brokerage, Inc.

1. _____
(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. Delaware 3. 20-0087132
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 06/14/2016 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 23505 Smithtown Road, Suite 200, Excelsior, MN 55331
(Principal office address)
- 23505 Smithtown Road, Suite 200, Excelsior, MN 55331
(Current mailing address, if different)

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

Name: C T Corporation System
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.

Kristin Bolden

Kristin Bolden
Assistant 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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: See Attachment.

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See Attachment.

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12. Peggy G. Simpson
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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. Peggy G. Simpson, Secretary
(Typed or printed name and capacity of person signing application)

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2019 JUN 23 P 12:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EXCELSIOR INSURANCE BROKERAGE, INC.

a Delaware Corporation

Officers:

Thomas J. Nicol	President and Chief Executive Officer
Kenneth J. Fasola	Executive Vice President
Derrick A. Duke	Executive Vice President and Treasurer
Richard E. Bierman	Executive Vice President and General Counsel
Patrick O'Toole	Executive Vice President
Connie Palacios	Senior Vice President
Peggy G. Simpson	Secretary

Board of Directors:

<u>Name</u>	<u>Address</u>
Kenneth J. Fasola	9151 Boulevard 26 North Richland Hills, TX 76180
Derrick A. Duke	9151 Boulevard 26 North Richland Hills, TX 76180
Richard E. Bierman	9151 Boulevard 26 North Richland Hills, TX 76180
Thomas J. Nicol	23505 Smithtown Road, Suite 200 Excelsior, MN 55331
Patrick O'Toole	9151 Boulevard 26 North Richland Hills, TX 76180

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SECRETARY OF STATE
OF FLORIDA

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Delaware

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EXCELSIOR INSURANCE BROKERAGE, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF JUNE, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EXCELSIOR INSURANCE BROKERAGE, INC." WAS INCORPORATED ON THE FOURTEENTH DAY OF JUNE, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.



6068294 8300

SR# 20164451916

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202489147

Date: 06-14-16