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FILE 000004737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

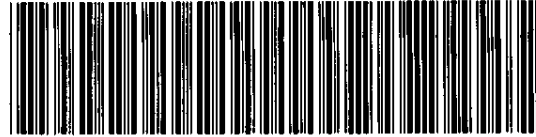
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF REVENUE
16 OCT 14 PM 3:51

16 OCT 14 AM 7:23
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TOLSON
U.S. DEPARTMENT OF JUSTICE

67507-0114



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 17, 2016

CT

SUBJECT: THIRD COAST INSURANCE COMPANY
Ref. Number: W16000070567

*Believe it
was rejected
in error.
* please
double
ck this*

*Please call Tina
850 508-1891*

We have received your document for THIRD COAST INSURANCE COMPANY and your check(s) totaling \$. 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) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 116A00022212

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16 OCT 17 PM 4:03

*Please
return COGS
+ cert
COPY
Please keep
initial filing dat.*

CT CORP C/O SUNSHINE CORPORATE

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

850-508-1891 (cell)

10/14/2016

ACCT. I20160000072

Eric SM

Name:	THIRD COAST INSURANCE COMPANY
Document #:	
Order #:	

Certified Copy of Arts & Amend:				
Plain Copy:				
Certificate of Good Standing:				
Apostille/Notarial Certification:			Country of Destination:	
			Number of Certs:	

Filing:	Certified:	XX
	Plain:	
	COGS:	XX

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 87.50

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Third Coast 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:
Ryan M. Shannon

Name of Person

Dickinson Wright PLLC

Firm/Company

215 S. Washington Sq., Suite 200

Address

Lansing, MI 48933

City/State and Zip code

Regulatory.Services@accidentfund.com

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

For further information concerning this matter, please call:

Ryan M. Shannon

517 487-4719
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

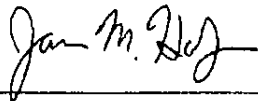
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*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.*

1. Third Coast 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. Wisconsin 3. 36-407992
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. March 28, 1996 5. perpetual
(Date of incorporation) (Date of duration, if other than 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. 200 West Madison St., Suite 2850 Chicago IL 60606
(Principal office address)
- P.O. Box 40790, Lansing, MI 48901-7990
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: CT Corporation
- 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.



James M. Halpin
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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DEPARTMENT OF STATE

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.  _____

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. Steven E. Reynolds, Corporate Secretary _____

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

THIRD COAST INSURANCE COMPANY

OFFICERS

Marguerite Dixen, President
200 West Madison Street, Suite 3850
Chicago, IL 60606

Steven Reynolds, Secretary
200 N. Grand Avenue
Lansing, MI 48933

Frank Freund, Treasurer
200 N. Grand Avenue
Lansing, MI 48933

DIRECTORS

Marguerite Dixen
200 West Madison Street, Suite 3850
Chicago, IL 60606

Frank Freund
200 N. Grand Avenue
Lansing, MI 48933

Nicole Hanlon
200 West Madison Street, Suite 3850
Chicago, IL 60606

Elizabeth Haar
200 N. Grand Avenue
Lansing, MI 48933

Grace Di Gerlando
200 West Madison Street, Suite 3850
Chicago, IL 60606

Anthony Phillips
200 West Madison Street, Suite 3850
Chicago, IL 60606

16 OCT 14 AM 7:23
MAIL ROOM



Certificate of Authority *State of Wisconsin*

Office of the Commissioner of Insurance

Certificate No.: 114157
Date Effective: 09/12/2016
License Chapter: 611 Wis. Stat.

This is to Certify, That pursuant to the Insurance Laws of the state of Wisconsin,

Third Coast Insurance Company

WISCONSIN

Has paid the fees and taxes required by law and that it is hereby authorized to transact the business of:

Automobile
Fidelity Insurance
Fire, Inland Marine and Other Property Insurance
Liability and Incidental Medical Expense Insurance (other than automobile)
Miscellaneous
Ocean Marine Insurance
Surety Insurance
Workers Compensation Insurance

Subject to the following limitations:

None

In the state of Wisconsin as long as the insurer continues to conform to the authority granted by this certificate, is in full compliance with all, and not in violation of any, of the applicable laws and lawful requirements made under authority of the laws of the state of Wisconsin.

A stylized, handwritten signature in black ink, likely belonging to the Commissioner of Insurance.

Commissioner of Insurance