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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

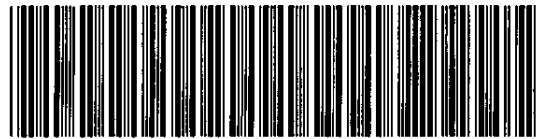
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TALLAHASSEE, FLORIDA

T WASHINGTON

NOV 28 2016

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CGB 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:

Scott Hall

Name of Person

CGB Insurance Company

Firm/Company

1608 W. Lafayette Ave.

Address

Jacksonville, IL 62650

City/State and Zip code

financialreporting@cgb.com

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

For further information concerning this matter, please call:

Scott Hall

217

479-6007

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. CGB Insurance Company  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- CGBI Co.  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Indiana 3. 75-3031380  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 8/24/2001 5. perpetual  
(Date of incorporation) (Date of duration, if other than 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. 1811 North Main Street, Mt. Vernon IN, 47620  
(Principal office address)
- 1608 West Lafayette Ave, Jacksonville IL, 62650  
(Current mailing address, if different)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301  
(City) (Zip code)

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**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.*



(Registered agent's signature)

Doreen S. Haeselin, Asst. V.P.

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.

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

**A. DIRECTORS**

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

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

Vice Chairman: Director: Gerald Brechtel

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

Director: Jerry Carlisle

Address: 507 Nashville Ave.

New Orleans, LA 70115

Director: Brad Leighton

Address: 1608 West Lafayette Ave

Jacksonville, IL 62650

**B. OFFICERS**

President: Richard Pemberton

Address: 1127 Highway 190 Service Rd East

Covington, LA 70433

Vice President: Rodney Clark

Address: 1811 N. Main

Mt. Vernon, IN 47620

Secretary: VP/Sec/Treasurer: Scott Hall

Address: 1608 W. Lafayette Ave, Jacksonville IL 62650

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. Scott Hall, Vice President, Secretary, Treasurer, Controller

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

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**State of Indiana  
Office of the Secretary of State**

**Certificate of Existence**

To Whom These Presents Come, Greeting:

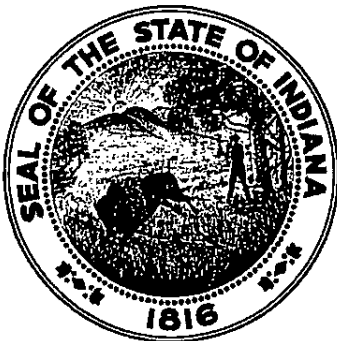
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

**CGB INSURANCE COMPANY**

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on August 24, 2001, and was in existence or authorized to transact business in the State of Indiana on October 04, 2016.

I further certify this Domestic Insurance Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, October 04, 2016

*Connie Lawson*

Connie Lawson  
SECRETARY OF STATE

2001082700417 / 2016119360

Verify this certificate: <https://bsd.sos.in.gov/ValidateCertificate>

OFFICE OF THE SECRETARY OF STATE  
INDIANAPOLIS, INDIANA

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