

F1700000369

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C I CORPORATION SYSTEM
Account Number : FCA000030023
Phone : (614) 280-3338
Fax Number : (954) 208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

ALPS Property & Casualty Insurance Company

Certificate of Status	1
Certified Copy	0
Page Count	06
Estimated Charge	\$78.75

RECEIVED
2017 JAN 25 PM 4:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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D. SCOTT

JAN 26 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALPS Property & Casualty 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:

Sarah Moore

Name of Person

Westmont Associates, Inc.

Firm/Company

1763 Marlon Pike East, Suite 200

Address

Cherry Hill, NJ 08003

City/State and Zip code

bdantie@alpsnet.com

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

For further information concerning this matter, please call:

Sarah Moore

at (856)

216-0220

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. ALPS Property & Casualty 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. Montana 3. 26-0023979
(State or country under the law of which it is incorporated) (FEL number, if applicable)
4. 09/22/1986 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "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. 111 North Higgins Avenue, Suite 200, Missoula, MT 59802
(Principal office address)
PO Box 9169, Missoula, MT 59807
(Current mailing address)
8. Property and Casualty Insurance
(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: NATIONAL CORPORATE RESEARCH, LTD., INC.
Office Address: 115 North Calhoun St. Suite 4
Tallahassee, Florida 32301
(City) (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)

Vikki Sacturn, Assistant Secretary of National Corporate Research, Ltd., Inc.

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.

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

A. DIRECTORS

Chairman: Please see attached.

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Please see attached.

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.

13. Bradley D. Dantic

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. Bradley Dantic, Secretary, Vice President & General Counsel

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

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**ALPS PROPERTY AND CASUALTY INSURANCE COMPANY
ADDENDUM TO
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA**

Name of Corporation: ALPS Property and Casualty Insurance Company

Officers:

David Alexander Bell, CEO & President
Bradley Dean Dantie, Secretary, Vice President & General Counsel
Sara Dawn Smith, Treasurer & Chief Financial Officer
Christopher Lee Newbold, Executive Vice President

All of the above officers have a business address of: 111 N. Higgins Avenue, Suite 200, Missoula, MT 59802.

Directors:

David Alexander Bell
Bruce Lamour Crockett
Michael Andrew Glasser
David Richard Grundy
John Francis McCarrick
Diane Kay Minnich
Robert Warren Minto Jr.
John Langton Sennott Jr.

Business Address:

111 N. Higgins Avenue, Suite 200, Missoula, MT 59802
425 Marshall St., Houston, TX 77006
580 East Main Street, Suite 600, Norfolk, VA 23510
6005 Plumas Street, Suite 300, Reno, NV 89509
7 Times Square, Suite 2900, New York, NY 10036-6524
525 W. Jefferson, Boise, Idaho 83702
111 N. Higgins Avenue, Suite 200, Missoula, MT 59802
7 Times Square Tower, 17th Floor, New York, NY 10036

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CERTIFICATE OF EXISTENCE

I, **COREY STAPLETON**, Secretary of State for the State of Montana, do hereby certify that:

ALPS PROPERTY & CASUALTY INSURANCE COMPANY

duly filed its Articles Of Incorporation for the domestic entity in this office on **December 10, 2001**, and on that date was authorized to transact business in this state for a term of Perpetual duration.

Payment is reflected in the records of the Secretary of State for all fees owed to the Secretary of State.

The most recent annual report has been filed with this office.

No articles of dissolution have been placed on record in this office by said corporation and the records indicate the corporation is in good standing under the laws of the State of Montana.

The Secretary of State cannot certify that tax and penalties owed to this state on record with the Department of Revenue are current. Please contact the Department of Revenue at (406) 444-6900 to obtain information on tax status.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 25th day of January, 2017.

A handwritten signature in cursive script, appearing to read "Corey Stapleton".

COREY STAPLETON

Montana Secretary of State

Certificate Number: 012520170052

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MONTANA