

P170000002403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

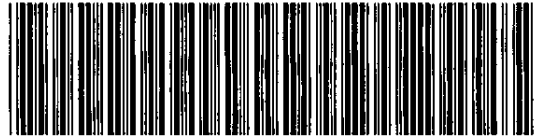
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
17 MAY 26 PM 03:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 26 2017

Y SULKER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 17, 2017

MILDRED PETTIFORD  
1333 SOUTH KIRKWOOD ROAD  
ST LOUIS, MO 63122-7295 US

SUBJECT: CPS ANCILLARY PROGRAM INSURANCE AGENCY, INC.  
Ref. Number: W17000042111

We have received your document for CPS ANCILLARY PROGRAM INSURANCE AGENCY, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

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 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.

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 217A00009899

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CPS ANCILLARY PROGRAM AGENCY, INC  
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Mildred Pettiford

Name of Person

Concordia Plan Services

Firm/Company

1333 South Kirkwood Road

Address

St. Louis, MO 63122-7295

City/State and Zip Code

Mildred.Pettiford@ConcordiaPlans.org

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

For further information concerning this matter, please call:

Mildred Pettiford

Name of Person

at ( 314 )

Area Code

885-6709

Daytime Telephone Number

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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 NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO  
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN  
THE STATE OF FLORIDA:*

1. CPS ANCILLARY PROGRAM AGENCY, INC.

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. MISSOURI 3. 47-5269707  
(State or country under the law of which it is incorporated) (FEL number, if applicable)

4. 8/28/2015 5. \_\_\_\_\_  
(Date of Incorporation) (Date of duration, if other than perpetual)

6. NA  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)

7. 1333 SOUTH KIRKWOOD ROAD ST. LOUIS, MO 63122-7295  
(Principal office address)

(Current mailing address, if different)

8. FOR CHARITABLE, RELIGIOUS, EDUCATIONAL, AND BENEVOLENT PURPOSES  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: Northwest Registered Agent, LLC.

Office Address: 3030 N. Rocky Point Dr. STE 150A

Tampa, Florida 33607  
(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)

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.

12. Names and addresses of officers and/or directors

**A. DIRECTORS**

Chairman: DR. CAROL A. HUEBNER

Address: 1333 SOUTH KIRKWOOD ROAD

ST. LOUIS, MO 63122-7295

Vice Chairman: KENNETH M. BOERGER

Address: 1333 SOUTH KIRKWOOD ROAD

ST. LOUIS, MO 63122-7295

Director: ROBERT P. LESKO

Address: 1333 SOUTH KIRKWOOD ROAD

ST. LOUIS, MO 63122-7295

Director: MARK O. SWENSON

Address: 1333 SOUTH KIRKWOOD ROAD

ST. LOUIS, MO 63122-7295

**B. OFFICERS**

President: JAMES F. SANFT

Address: 1333 SOUTH KIRKWOOD ROAD

ST. LOUIS, MO 63122-7295

Vice President: JON M. FLANAGAN

Address: 1333 SOUTH KIRKWOOD ROAD

ST. LOUIS, MO 63122-7295

Secretary: SANDRA B. GREENFIELD

Address: 1333 SOUTH KIRKWOOD ROAD

ST. LOUIS, MO 63122-7295

Treasurer: MICHAEL C. BERKLEY

Address: 1333 SOUTH KIRKWOOD ROAD

ST. LOUIS, MO 63122-7295

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

13. *Sandra B. Greenfield*  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. SANDRA B. GREENFIELD, SECRETARY

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

FILED  
17 MAY 25 PM 4:00  
SECRETARY DES TAILE  
TALLAHASSEE FLORIDA

# STATE OF MISSOURI



**John R. Ashcroft**  
**Secretary of State**

**CORPORATION DIVISION**  
**CERTIFICATE OF GOOD STANDING**

I, JOHN R. ASHCROFT, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

*CPS Ancillary Program Agency*  
*N000699580*

was created under the laws of this State on the 28th day of August, 2015, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 6th day of April, 2017.

  
Secretary of State



Certification Number: CERT-04062017-0099