

**F/8000003881**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

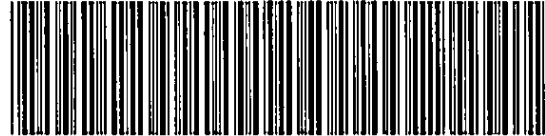
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200316993312

08/15/18--01018--005 \*\*\$8.75

**FILED**  
2018 AUG 15 PM 2:48  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

PRICE  
AUG 23 2018



August 13, 2018

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

Re: CM Regent Insurance Company – Application to transact business in Florida

To Whom It May Concern,

Enclosed please find an application to transact business in Florida for CM Regent Insurance Company. Also included with the application is a check in the amount of \$78.75.

I understand you do not accept photocopies of the Certificate of Existence, but this was the only version I was able to get from the state of Pennsylvania, their domicile state. Please note that the certification number that is given is exclusive to this certificate.

If you have any questions, please do not hesitate to contact me.

Thank you very much.

Best Regards,

Laurie Saccone  
Licensing Analyst  
Perr & Knight  
(310) 889-0986  
lsaccone@perrknight.com

**FILED**  
2018 AUG 15 PM 2:47  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations  
CM Regent Insurance Company

**SUBJECT:** \_\_\_\_\_  
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:  
Laurie Saccone

\_\_\_\_\_  
Name of Person  
Perr&Knight

\_\_\_\_\_  
Firm/Company  
401 Wilshire Blvd., #300

\_\_\_\_\_  
Address  
Santa Monica, CA 90401

\_\_\_\_\_  
City/State and Zip code  
lsaccone@perrknight.com

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

For further information concerning this matter, please call:

Laurie Saccone                      310                      889-0986  
\_\_\_\_\_  
Name of Person                      at (                      )                      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

FILED  
2010 AUG 15 PM 2:47  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE

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.

CM Regent Insurance Company

1. \_\_\_\_\_  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

\_\_\_\_\_  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  
Pennsylvania 25-1763204

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)  
5/31/1995 perpetual

4. \_\_\_\_\_ 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. 300 Sterling Parkway, Suite 100, Mechanicsburg, PA17050  
(Principal office address)  
same as principal address  
(Current mailing address, if different)

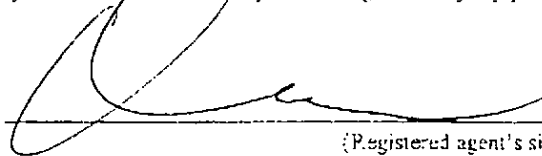
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company  
1201 Hays Street

Office Address: Tallahassee 32301  
(City) Florida (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.*

  
(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.

FILED  
2010 AUG 15 PM 2:47  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

**A. DIRECTORS**

PLEASE SEE ATTACHED LIST

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

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

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

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

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

**B. OFFICERS**

PLEASE SEE ATTACHED LIST

President: \_\_\_\_\_

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

Vice President: \_\_\_\_\_

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

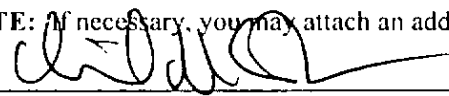
Secretary: \_\_\_\_\_

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. Michael M. Smith, CNA Regent Insurance Company VP, Secretary & General Counsel

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

FILED  
2010 AUG 15 PM 2:47  
STATE OF FLORIDA  
TALLAHASSEE

# CM Regent Insurance Company, and CM Regent, LLC (CM Regent Solutions)

As of June 2018

Officers		Titles	
Bailey	Angela	K.	Vice President - Human Resources
Brandt	Cynthia	M.	Assistant Secretary
Buckley	Robert	M.	Vice President - Corporate Research and Chief Strategy Officer
Hennessy	Mark	E.	Vice President - CM Regent Claims
Names	Scott	M.	Vice President - Chief Information Officer & Integration Officer
Poirier	Richard	V.	Chief Executive Officer
Rominske	Steven	C.	Senior Vice President - Chief Actuary & Chief Risk Officer
Root	Kevin	D.	Executive Vice President-Operations
Simmons	Sheryl	M.	Vice President - Treasurer
Smith	Michael	M.	Vice President, Secretary & General Counsel
Steffen	Jeffrey	D.	Vice President - Chief Financial Officer
Szalacinski	Jeffrey	R.	Vice President - Claims
White	Robert	A.	President

## Directors of CM Regent Insurance Company / Board of Managers of CM Regent, LLC

Buckley	Robert	M.	Chairman
Caraher	William	T.	
Chronister	Ronald	E.	
Dickson	Stephen	P.	
Grode	George	F.	
Kantrowitz	Steven	B.	
Koonce, Jr.	George	E.	
Mains	Nathan	G.	
Poirier	Richard	V.	
Root	Kevin	D.	
Swope	Kathy	A.	
White	Robert	A.	

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2018 AUG 15 PM 2:47

FILED

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

07/10/2018

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

CM Regent Insurance Company

is duly registered as a Pennsylvania PA Insurance Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

*Robert Lanes*

Acting Secretary of the Commonwealth

Certification Number: TSC180710161816-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>