F18000003902

(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:
per Angelique Goudeaux the certificate attached is the equivalent of our certificate of status.
SH.

Office Use Only

W18-738664

800316655268

08/10/18--01029--008 **78.75

SEP 10 AM 8:45

T. CLINE

AUG 24

EXAMINER

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 14, 2018

ANGELIQUE GOUDEAUX
1763 MARLTON PIKE EAST, SUITE 200
CHERRY HILL, NJ 08003

SUBJECT: GLENCAR INSURANCE COMPANY
Ref. Number: W18000073864

We have received your document for GLENCAR INSURANCE COMPANY and your check(s) totaling $78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 628.091, Florida Statutes, approval must be obtained from the Department of Financial Services. Approval may be obtained from:

Department of Financial Services
200 E. Gaines St.
Tallahassee, FL 32399
850-413-2575

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.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Tammi Cline
Regulatory Specialist III

Letter Number: 118A00016829

Cline, Tammi

From: Angel Goudeaux <angel@westmontlaw.com>
Sent: Tuesday, August 21, 2018 10:06 AM
To: Angel Goudeaux
Subject: FW: HELP!

From: Chick, Gwen <Gwen.Chick@floir.com>
Sent: Monday, August 20, 2018 4:12 PM
To: Angel Goudeaux <angel@westmontlaw.com>
Cc: Sterett, Alison <Alison.Sterett@floir.com>
Subject: FW: HELP!

Angel,

We have been advised by the Department of State, Division of Corporations that this directive may be disregarded and that if you receive this type of rejection from their office, to request re-instatement of your application filing.

Let me know if you have any questions.

Thanks,
Gwen

Gwen Chick
Company Admissions/Business Development
Florida Office of Insurance Regulation
200 East Gaines Street
Tallahassee FL 32399-0332
(850) 413-2570 (Telephone)
(850) 922-2229 (Fax)

Click here for Company Admissions I-Portal

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Glencar 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:

Angelique Goudeaux
Name of Person

Westmont Associates, Inc.
Firm/Company

1763 Marlton Pike East, suite 200
Address

Cherry Hill, NJ 08003
City/State and Zip code

angel@westmontlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

angelique goudeaux 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. Glencar 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
(State or country under the law of which it is incorporated)

3. 47-0498866
(FEI number, if applicable)

4. 01/20/1956
(Date of incorporation)

5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")

6. Not applicable
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 200 South Orange Avenue, Suite 1900, Orlando FL 32801
(Principal office address)

200 South Orange Avenue, Suite 1900, Orlando FL 32801
(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: Chief Financial Officer

Office Address: PO Box 6200 (32314-6200) 200 E. Gaines St.

Tallahassee (City), Florida 32339 (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.

Chief Financial Officer
(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 business addresses of officers and/or directors: SEE ATTACHED

A. DIRECTORS

Chairman: _____

Address: _____

_____

Vice Chairman: _____

Address: _____

_____

Director: _____

Address: _____

_____

Director: _____

Address: _____

_____

B. OFFICERS SEE ATTACHED

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.

13. Catherine Hood
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. Catherine Hood, Secretary
(Typed or printed name and capacity of person signing application)

GLENCAR INSURANCE COMPANY

Directors:

Pickel, Michael Benedikt	200 South Orange Avenue, Suite 1900, Orlando, FL 32801
Freiboth,Axel NMN	200 South Orange Avenue, Suite 1900, Orlando, FL 32801
Fee, Patrick Paul	200 South Orange Avenue, Suite 1900, Orlando, FL 32801
Luedtke, Mitchell Dean	200 South Orange Avenue, Suite 1900, Orlando, FL 32801
Paul, Michael Thomas	200 South Orange Avenue, Suite 1900, Orlando, FL 32801

Officers:

Fee, Patrick Paul,	President	200 South Orange Avenue Suite 1900 Orlando, FL 32801
Hood, Catherine Frances	Chief Operating Officer & Secretary	200 South Orange Avenue, Suite 1900 Orlando, FL 32801
Paul, Michael Thomas	Chief Financial Officer & Treasurer	200 South Orange Avenue Suite 1900 Orlando, FL 32801
Valerio, Yudelka Del Carmen	Vice President and Chief Compliance Officer	200 South Orange Avenue Suite 1900 Orlando, FL 32801

Certificate of Compliance
State of Wisconsin

Office of the Commissioner of Insurance

As of This Date: **June 27, 2018**

As Commissioner of Insurance of the State of Wisconsin I have supervision of insurance business and as such hereby certify that:

Glencar Insurance Company

Domicile State: Wisconsin

Is duly authorized to transact the business of:

Aircraft
Automobile
Credit Insurance
Disability Insurance
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

IN TESTIMONY WHEREOF, I have hereunto set my hand.

Commissioner of Insurance