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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B KINSEY
JUN 26 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 24, 2019

MELISSA GILLIGAN
185 ASYLUM STREET, CITYPLACE II, 16TH FL
R
HARTFORD, CT 06103

SUBJECT: FIRST SHIELD CONSUMER SERVICE CORPROATION OF
FLORIDA
Ref. Number: W19000059066

We have received your document for FIRST SHIELD CONSUMER SERVICE
CORPROATION OF FLORIDA and your check(s) totaling \$87.50. However, the
enclosed document has not been filed and is being returned for the following
correction(s):

This document was previously filed on May 16, 2019.

To receive a refund, please submit a written request to the attention of the
undersigned. Be sure to include the name of the person or entity the check
should be made payable to and the address to which it should be mailed.

Please return your document, along with 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.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 919A00012679

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: First Shield Consumer Service Corporation of Florida
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:

Melissa B. Gilligan

Name of Person

Arch Insurance Group Inc.

Firm/Company

185 Asylum Street, CityPlace II, 16th Floor

Address

Hartford, CT 06103

City/State and Zip code

mgilligan@archinsurance.com

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

For further information concerning this matter, please call:

Melissa Gilligan

at (860) 713-2029

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.*

First Shield Consumer Service Corporation of Florida

1. _____
(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. Missouri 3. 37-1944730
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 5/13/2019 5. perpetual
(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. 2345 Grand Boulevard, Suite 900, Kansas City, MO 64108
(Principal office address)
2345 Grand Boulevard, Suite 900, Kansas City, MO 64108
(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.



Lynn Cannelongo, Assistant VP

(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.

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

A. DIRECTORS

Chairman: John P. Mentz
Address: Harborside 3, 210 Hudson St. Suite 300
Jersey City, NJ 07311

Vice Chairman: _____
Address: _____

Director: Patrick K. Nails
Address: Harborside 3, 210 Hudson St. Suite 300
Jersey City, NJ 07311

Director: Thomas J. Ahern
Address: Harborside 3, 210 Hudson St. Suite 300
Jersey City, NJ 07311

B. OFFICERS

President: Emilee J. Kuhn
Address: 2345 Grand Boulevard, Suite 900
Kansas City, MO 64108

Asst. Vice President: Melissa B. Gilligan
Address: 185 Asylum Street, CityPlace II, 16th Floor
Hartford, CT 06103

Secretary: Patrick K. Nails
Address: Harborside 3, 210 Hudson St. Suite 300, Jersey City, NJ 07311

Treasurer: Thomas J. Ahern
Address: Harborside 3, 210 Hudson St. Suite 300, Jersey City, NJ 07311

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

12. Melissa B. Gilligan
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. Melissa B. Gilligan, Assistant Vice President & Assistant Secretary

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

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Name	DIRECTORS	Office Address
Thomas J. Ahern	Director	Harborside 3, 210 Hudson St. Suite 300, Jersey City, NJ 07311
John P. Mentz	Director	Harborside 3, 210 Hudson St. Suite 300, Jersey City, NJ 07311
Patrick K. Nails	Director	Harborside 3, 210 Hudson St. Suite 200, Jersey City, NJ 07311

Name	OFFICERS	Office Address
Emilee Kuhn	President	2345 Grand Boulevard, Suite 900, Kansas City, MO 64108
Patrick K. Nails	EVP, Secretary, Chief Claims Officer & Director	Harborside 3, 210 Hudson St. Suite 300, Jersey City, NJ 07311
Thomas J. Ahern	EVP, Treasurer and Chief Financial Officer	Harborside 3, 210 Hudson St. Suite 300, Jersey City, NJ 07311
Melissa B. Gilligan	Assistant Vice President & Assistant Secretary	185 Asylum Street, CityPlace II, Hartford, CT 06103
Veronica Chang-Peshoff	Assistant Secretary	2345 Grand Boulevard, Suite 900, Kansas City, MO 64108

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

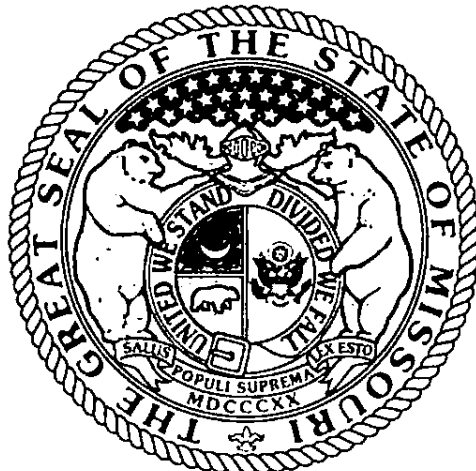
I, JOHN R. ASHCROFT, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

First Shield Consumer Service Corporation of Florida
001376651

was created under the laws of this State on the 13th day of May, 2019, 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 13th day of May, 2019.


Secretary of State



Certification Number: CERT-05132019-0111