

F19000003159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

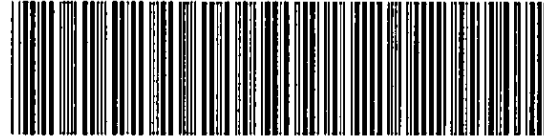
(Document Number)

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

Special Instructions to Filing Officer:

officers need addresses/  
cert  
W19-59402  
7/19

Office Use Only



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19 JUL -

PM 12:47

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2. PMS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 25, 2019

ROXANNE WIBBEN  
808 HWY 18 W  
ALGONA, IA 50511

SUBJECT: CHIRON INSURANCE COMPANY  
Ref. Number: W19000059402

19 JUL -9 PM 12:12

We have received your document for CHIRON INSURANCE COMPANY and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please assign each officer/director an address,

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 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: 419A00012794

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Chiron 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:

Roxanne Wibben

\_\_\_\_\_  
Name of Person

Chiron Insurance Company

\_\_\_\_\_  
Firm/Company

808 HWY 18 W.

\_\_\_\_\_  
Address

Algona, IA 50511

\_\_\_\_\_  
City/State and Zip code

Compliance@phmic.com

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

For further information concerning this matter, please call:

Roxanne Wibben

515

295-2461, Ext. 7445

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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. Chiron 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. Iowa 3. 42-1507676  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 6/26/2000 5. Perpetual  
(Date of incorporation) (Date of duration, if other than 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. 808 HWY 18 W., P.O. Box 370, Algona, IA 50511  
(Principal office address)
- Same as above  
(Current mailing address, if different)

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


Name: Registered Agent Solutions, Inc.

Office Address: 155 Office Plaza Drive, Suite A

Tallahassee, Florida 32301  
(City) (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.*



Adam Saldana, Assistant Secretary  
(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: Please see the attached list of officers and directors.

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

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

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

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

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

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

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

**B. OFFICERS**

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

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

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

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

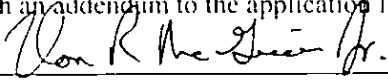
Secretary: \_\_\_\_\_

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. Don R. McGuire, Jr., General Counsel, Secretary, Senior Vice President Risk Management & Compliance  
\_\_\_\_\_  
(Typed or printed name and capacity of person signing application)

Chiron Insurance Company-Officers & Directors  
NAIC # 16356; FEIN # 42-1507676

Name	Title	Address
Edward Johnson Yorty	President & Chief Executive Officer, Director	808 HWY 18 W, Algona, IA 50511
Jonathan Carl Grether	Chief Operating Officer, Director	808 HWY 18 W, Algona, IA 50511
Kevin Charles Banwart	Senior Vice President Finance, Chief Financial Officer, Treasurer, Controller	808 HWY 18 W, Algona, IA 50511
Don Richard McGuire, Jr.	General Counsel, Secretary, Senior Vice President Risk Management & Compliance	808 HWY 18 W, Algona, IA 50511
Shirley Ann Pierson	Senior Vice President Underwriting	808 HWY 18 W, Algona, IA 50511
Richard Mark Berke	Senior Vice President Information Technology, Chief Information Officer	808 HWY 18 W, Algona, IA 50511
William Hubert Wiebelhaus	Senior Vice President Claims	808 HWY 18 W, Algona, IA 50511
Paul Thomas Luckman	Senior Vice President Sales & Marketing	808 HWY 18 W, Algona, IA 50511
Derrick DeWayne Shannon	Senior Vice President Product Development and Chief Actuary	808 HWY 18 W, Algona, IA 50511
Steven Michael Hoskins	Senior Vice President Agency Operations	808 HWY 18 W, Algona, IA 50511
Heidi Thompson Allen	Vice President Product Development	808 HWY 18 W, Algona, IA 50511
Alison Ann VanOtterloo	Vice President Corporate Services & Corporate Strategy	808 HWY 18 W, Algona, IA 50511
Matthew John Even	Vice President Forms Development	808 HWY 18 W, Algona, IA 50511
Julie Lavonne Murphy	Vice President Information Technology Security	808 HWY 18 W, Algona, IA 50511
Peter Edward Lambert	Vice President Claims	808 HWY 18 W, Algona, IA 50511
Donnie Ray Calhoun	Director	1525 Greenbrier Dear Road, Anniston, AL 36207
Kirk Monroe Hayes	Board Chairman	808 HWY 18 W, Algona, IA 50511
Holly Whitcomb Henry	Director	7317 35th Ave. NE, Seattle, WA 98115
Forrest Michael James	Director	702 North Person St., Raleigh, NC 27604

Richard Blake Moon	Director	2535 John's Place, Jamestown, NY 14701
Randall Scott Myers	Director	101 E. Findlay St., Carey, OH 43316
Kelly Stuart Selby	Director	4400 Teasley Lane #100, Denton, TX 76210
Steven Thomas Simenson	Director	601 Jacob Lane, Anoka, MN 55303
William Allan Stuart	Director	113 W. Victoria St., Long Beach, CA 90805
Susan Lorraine Suttler	Director	700 Washington St., Horicon, WI 53032

**IOWA SECRETARY OF STATE  
PAUL D. PATE**



**CERTIFICATE OF EXISTENCE**

Issue Date: 6/11/2019

Name: CHIRON INSURANCE COMPANY (490 DP - 242337)

Date of Incorporation: 6/26/2000

Duration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the corporation named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees required under the Iowa Business Corporation Act due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. Articles of dissolution have not been filed.

Certificate ID: CS170131

To validate certificates visit:

[sos.iowa.gov/ValidateCertificate](https://sos.iowa.gov/ValidateCertificate)

A handwritten signature in black ink, reading "Paul D. Pate".

Paul D. Pate, Iowa Secretary of State