

F20000002096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

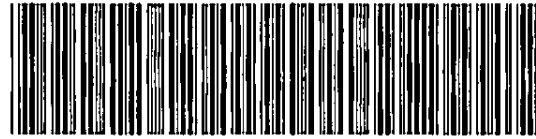
(Document Number)

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

Special Instructions to Filing Officer:

1000000209608

Office Use Only



700341985267

03/16/20 - 01033--001 \*\$78.75

2020 APR 28 AM 9:27  
CLERK OF STATE  
TREASURY DEPT  
HARRISBURG, PA 17104

FILED

MAY 06 2020

M. SOLOMON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Cronus 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:

Jeffrey Hunter

Name of Person

Cronus Insurance Company

Firm/Company

370 W. Las Colinas Blvd., Suite 108

Address

Irving, Texas

City/State and Zip code

legal@ethosgroup.com

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

For further information concerning this matter, please call:

Jeffrey Hunter

at (214) 550-4765

Name of Person

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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. Cronus 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. Texas 3. 81-4539081  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. December 28, 2016 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. 370 W. Las Colinas Blvd., Suite 108, Irving, Texas 75039  
(Principal office street address)

370 W. Las Colinas Blvd., Suite 108, Irving, Texas 75039  
(Current mailing address, if different)

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

Name: Department of Financial Services

Office Address: 200 E. Gaines St.  
Tallahassee, Florida 32399  
(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.*

\_\_\_\_\_  
(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

2022 APR 28 AM 9:27  
ST. CLAIR COUNTY, ALA.  
CLERK OF SUPERIOR COURT

FILED

**A. DIRECTORS**

☒ Chairman Name: David M. Terek  
☐ Vice Chairman Address: 370 W. Las Colinas Blvd. W.  
☐ Director Suite 108  
☒ President Irving, Texas 75039  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: William R. Wunrow  
☐ Vice Chairman Address: 370 W. Las Colinas Blvd. W.  
☒ Director Suite 108  
☐ President Irving, Texas 75039  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Lance Graves  
☐ Vice Chairman Address: 370 W. Las Colinas Blvd. W.  
☒ Director Suite 108  
☐ President Irving, Texas 75039  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Jeffrey J. Lukash  
☐ Vice Chairman Address: 370 W. Las Colinas Blvd. W.  
☒ Director Suite 108  
☐ President Irving, Texas 75039  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☒ Other CFO ☐ Other \_\_\_\_\_

☐ Chairman Name: John Connor  
☐ Vice Chairman Address: 370 W. Las Colinas Blvd. W.  
☒ Director Suite 108  
☐ President Irving, Texas 75039  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Gary Clare  
☐ Vice Chairman Address: 370 W. Las Colinas Blvd. W.  
☒ Director Suite 108  
☐ President Irving, Texas 75039  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. Jeffrey S. Hunter  
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. Jeffrey S. Hunter, Secretary  
(Typed or printed name and capacity of person signing application)

2022 APR 28 AM 9:27  
FILED  
CLERK OF THE  
FLORIDA DEPARTMENT OF  
STATE  
TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA

ATTACHMENT

11(A) - DIRECTORS

Title:	Director
Name:	Louis Cipriano
Address:	370 W. Las Colinas Blvd., Suite 108 Irving, Texas 75039

Title:	Treasurer
Name:	W. Flora Chan
Address:	370 W. Las Colinas Blvd., Suite 108 Irving, Texas 75039

Title:	Secretary
Name:	Jeffrey S. Hunter
Address:	370 W. Las Colinas Blvd., Suite 108 Irving, Texas 75039

FILED  
2022 APR 28 AM 9:27  
SECRETARY OF STATE  
CORPORATE SERVICES  
TALLAHASSEE, FLORIDA

Applicant Company Name: Cronus Insurance Company

NAIC No. 16070

FEIN 81-4539081

**Uniform Certificate of Authority Application (UCAA)  
CERTIFICATE OF COMPLIANCE**

State of Texas  
(Domiciliary State of Applicant Company)

Office of Department of Insurance  
(Commissioner, Superintendent, Officer)

I, Robert Rudnai, hereby certify that I am the Director of Company Licensing and Registration  
(Name) (Position)

office \* of the State of Texas and have supervision of insurance business in said State, and as such,

I hereby certify that

Cronus Insurance Company  
(Name of Applicant Company)

of IRVING, Texas is duly organized under the laws of said state and  
(City/State)

is authorized to transact the business of

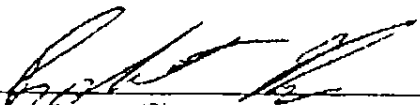
Allied Coverages, Auto Physical Damage, Automobile Liability, Boiler & Machinery, Burglary & Theft, Credit,  
(Lines of Insurance)\*\*

Fidelity & Surety, Fire, Forgery, Glass, Inland Marine, Liability Other than Auto, and Ocean Marine

insurance in this state.

IN TESTIMONY WHEREOF, I have hereunto set my hand at Austin, Texas  
(Location)

on January 29, 2020

  
(Signature)

Robert Rudnai  
(Printed Name)

\* Insurance Commissioner, Officer or Superintendent of Insurance authorized to certify to the insurance business within the domiciliary state.

\*\* Lines of Insurance as shown on Form 3 of UCAA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 15, 2020

JEFFREY HUNTER  
370 W. LAS COLINAS BLVD., SUITE 108  
IRVING, TX 75039 US

SUBJECT: CRONUS INSURANCE COMPANY  
Ref. Number: W20000029708

We have received your document for CRONUS INSURANCE COMPANY .  
However, the enclosed document has not been filed and is being returned to you  
for the following reason(s):

Please accept our apology for failing to mention this in our previous letter.

Chapter 628, Florida Statutes, requires all insurers in Florida to list the Chief  
Financial Officer as their registered agent. The registered office address is:  
Department of Financial Services, 200 E. Gaines St., Tallahassee, FL 32399.

If you have any questions concerning the filing of your document, please call  
(850) 245-6052.

Mel Solomon  
Regulatory Specialist II Supervisor

Letter Number: 920A00007952

*Rec'd  
4-28-20*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 20, 2020

JEFFREY HUNTER  
370 W. LAS COLINAS BLVD., SUITE 108  
IRVING, TX 75039 US

SUBJECT: CRONUS INSURANCE COMPANY  
Ref. Number: W20000029708

We have received your document for CRONUS 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):

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) 245-6052.

Tacarri K Glass  
Regulatory Specialist II

Letter Number: 920A00006145