

F2000000036/4

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

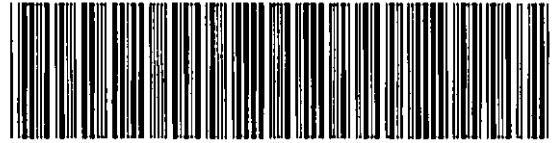
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 AUG -5 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

45
8/19/20



August 4, 2020

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

**RE: Submission of Electronic NAIC Expansion Application for:
Old Guard Insurance Company (NAIC# 17558)**

To Whom It May Concern:

Old Guard Insurance Company submitted an electronic NAIC Expansion Application with the Florida Office of Insurance Regulation. As required by the State of Florida I am enclosing under cover, Old Guard's "Application by Foreign Corporation for Authorization to Transact Business in Florida" forms and filing fee.

Please feel free to contact me via email at reneedusek@westfieldgrp.com or by phone at 800-887-0300 with questions.

Thank you in advance for your assistance with this filing.

Sincerely,

Renee M. Dusek
Senior Corporate Paralegal

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Old Guard 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:

Renee Dusek

Name of Person

Old Guard Insurance Company

Firm/Company

One Park Circle

Address

Westfield Center, Ohio 44251

City/State and Zip code

reneedusek@westfieldgrp.com

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

For further information concerning this matter, please call:

Renee Dusek

at (330) 887-0300

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

FILED
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CLERK OF STATE
TALLAHASSEE, FLORIDA

**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. Old Guard 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. Ohio 3. 23-0929640
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/09/1896 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. One Park Circle, Westfield Center, Ohio 44251
(Principal office street address)

(Current mailing address, if different)

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

Name: FL Department of Financial Services

Office Address: 200 East Gaines Street

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.

** Receive Service of Process through Florida's LSOP system.
LSOP.info@myfloridacfo.com*

(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]:

A. DIRECTORS

☒ Chairman Name: Edward J Largent III
☐ Vice Chairman Address: One Park Circle
☐ Director Westfield Center, OH 44251
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Joseph C Kohmann
☐ Vice Chairman Address: One Park Circle
☐ Director Westfield Center, OH 44251
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Frank Carrino
☐ Vice Chairman Address: One Park Circle
☐ Director Westfield Center, Ohio 44251
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Cheryl L Carisle
☐ Vice Chairman Address: One Park Circle
☒ Director Westfield Center, OH 44251
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Gary D Hallman
☐ Vice Chairman Address: One Park Circle
☒ Director Westfield Center, OH 44251
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Billie K Rawot
☐ Vice Chairman Address: One Park Circle
☒ Director Westfield Center, OH 44251
☐ President _____
☐ 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. 
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. Frank Carrino, Secretary
(Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show OLD GUARD INSURANCE COMPANY, an Ohio corporation, Charter No. 1581843, having its principal location in Westfield Center, County of Medina, was incorporated on December 9, 1896 and is currently in GOOD STANDING upon the records of this office.

FILED
2020 JUL -5 PM 4:18
OHIO SECRETARY OF STATE



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 31st day of July, A.D. 2020.*

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 202021302134