

F21000000375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

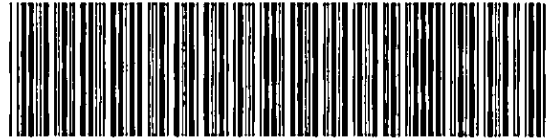
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Poseidon Commercial 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:

Emily Taylor

Name of Person

Aon Insurance Managers

Firm/Company

76 St. Paul Street, Suite 500

Address

Burlington, VT 05401

City/State and Zip code

emily.taylor@aon.com

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

For further information concerning this matter, please call:

Deborah Gambone

at (802) 264-4584

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. Poseidon Commercial 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. North Carolina 3. 85-4021736
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. May 31, 1971 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. 1001 Morehead Square, Suite 475, Charlotte, NC 28203
(Principal office street address)

76 St. Paul Street, Suite 500, Burlington, VT 05401
(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)

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.



(Alison C. Henkel)

(Assistant Vice President)

(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: Adam David Glassner
☐ Vice Chairman Address: 1001 Morehead Square
☒ Director Suite 475
☒ President Charlotte, NC 28203
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Gregory Hobart Lang
☐ Vice Chairman Address: 1001 Morehead Square
☒ Director Suite 475
☐ President Charlotte, NC 28203
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other _____ ☐ Other _____

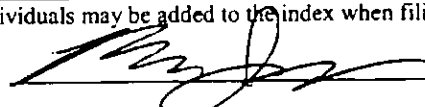
☐ Chairman Name: Evelyn Jane Lominac
☐ Vice Chairman Address: 1001 Morehead Square
☐ Director Suite 475
☐ President Charlotte, NC 28203
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Bryon Robert Jones
☐ Vice Chairman Address: 1001 Morehead Square
☐ Director Suite 475
☐ President Charlotte, NC 28203
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Joseph Leonard Sweeney
☐ Vice Chairman Address: 1001 Morehead Square
☐ Director Suite 475
☐ President Charlotte, NC 28203
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Bradley Sean O'Neil
☒ Vice Chairman Address: 1001 Morehead Square
☒ Director Suite 475
☐ President Charlotte, NC 28203
☐ 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. Bryon Robert Jones
(Typed or printed name and capacity of person signing application)

Position	Name	Address
Vice President	Kurt Patrick Smith	1001 Morehead Square, Suite 475, Charlotte, NC 28203
Vice President, Director, Chairman	Stuart Israel Waldman	1001 Morehead Square, Suite 475, Charlotte, NC 28203
Vice President	Marvin Andrew Williams	1001 Morehead Square, Suite 475, Charlotte, NC 28203
Director	Brian Eric Bomstein	1001 Morehead Square, Suite 475, Charlotte, NC 28203

1001 Morehead Square, Suite 475, Charlotte, NC 28203



NORTH CAROLINA

Department of the Secretary of State

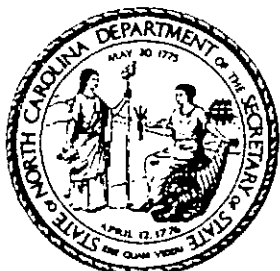
CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

POSEIDON COMMERCIAL INSURANCE COMPANY

is a corporation duly incorporated under Chapter 58 of the North Carolina General Statutes, having been incorporated on the 31st day of May, 1971 with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the articles of incorporation of Poseidon Commercial Insurance Company are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 7th day of December, 2020.

Elaine F. Marshall

Secretary of State



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 17, 2020

EMILY TAYLOR
76 ST PAUL STREET STE 500
BURLINGTON, VT 05401 US

SUBJECT: POSEIDON COMMERCIAL INSURANCE COMPANY
Ref. Number: W20000144419

We have received your document for POSEIDON COMMERCIAL 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):

The registered agent must sign accepting the designation.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

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.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 720A00025669

RECEIVED
JAN 11 2021