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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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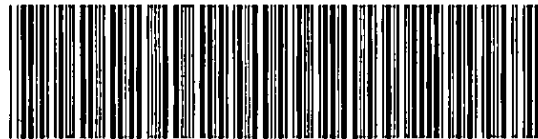
(Business Entity Name)

(Document Number)

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03/28/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stonewood 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:

Benson Jeffress

Name of Person

Stonewood Insurance Company

Firm/Company

6131 Falls of Neuse Rd., Suite 306

Address

Raleigh, NC 27609

City/State and Zip code

compliance@fallslakeins.com

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

For further information concerning this matter, please call:

Benson Jeffress

at (919) 900-0941

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. Stonewood 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. 20-0328998
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/16/2003 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. 6131 Falls of Neuse Rd., Suite 306 Raleigh, NC 27609
(Principal office street address)

PO Box 97488
(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.

Lynn M. Cannelongo Lynn M. Cannelongo, AVP
(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: Terry McCafferty
☐ Vice Chairman Address: 6131 Falls of Neuse Rd, Suite 306
☐ Director Raleigh, NC 27609
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Eric Liland
☐ Vice Chairman Address: _____
☐ Director 6131 Falls of Neuse Rd, Suite 306
☐ President Raleigh, NC 27609
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Timothy MacAleese
☐ Vice Chairman Address: _____
☐ Director 6131 Falls of Neuse Rd, Suite 306
☐ President Raleigh, NC 27609
☐ Vice President _____
☐ Secretary ☒ Treasurer
☒ Other CFO ☐ Other _____

☐ Chairman Name: Daniel Shultis
☐ Vice Chairman Address: _____
☐ Director 6131 Falls of Neuse Rd, Suite 306
☐ President Raleigh, NC 27609
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Sarah Doran
☐ Vice Chairman Address: _____
☐ Director 6131 Falls of Neuse Rd, Suite 306
☐ President Raleigh, NC 27609
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Chairperson ☐ Other _____

☐ Chairman Name: Benson Jeffress
☐ Vice Chairman Address: _____
☐ Director 6131 Falls of Neuse Rd, Suite 306
☐ President Raleigh, NC 27609
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other AVP ☐ 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. Benson Jeffress
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. Benson Jeffress, AVP Compliance and Regulatory
(Typed or printed name and capacity of person signing application)



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

STONEWOOD INSURANCE COMPANY

is a corporation duly incorporated under Chapter 58 of the North Carolina General Statutes, having been incorporated on the 16th day of October, 2003 with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the articles of incorporation of Stonewood 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 17th day of February, 2021.

Elaine F. Marshall

Secretary of State