

F21000002201

(Requestor's Name)

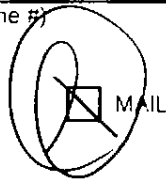
(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT



MAIL

(Business Entity Name)

(Document Number)

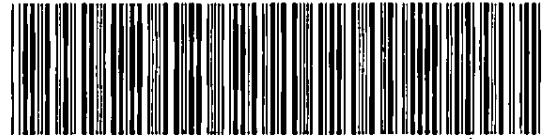
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer

W21-47711

Office Use Only



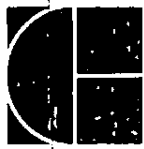
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APPROVED
AND
FILED

2021 APR -8 PM 2:39



**COLODNY
FASS**

119 East Park Avenue
Tallahassee, FL 32301
T 850.577.0398 | F 850.577.0385

April 8, 2021

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Universal North America Insurance Company

Please accept this foreign corporation registration filing for Universal North America Insurance Company. Please note the corporation is domiciled in Texas, for which an insurance company registers with the Texas Department of Insurance and does not register with the Texas Secretary of State. Included is a Certificate of Good Standing issued by the Texas Department of Insurance.

I can pick up the certificate of status at desk once prepared. Please call or email me at:

Jeff Rainey
Phone: 850-294-8859
jrainey@colodnyfass.com

or by mail

Jeff Rainey
2205 Croydon Drive
Tallahassee, FL 32303

Sincerely,

Jeff Rainey

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Universal North America 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:

Richard J. Urra

Name of Person

Universal North America Insurance Company

Firm/Company

101 Paramount Drive, Suite 220

Address

Sarasota, FL 34232

City/State and Zip code

urra@uihna.com

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

For further information concerning this matter, please call:

Hector Cora

at (941)

378-8851 ext 6534

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. Universal North America 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. 20-3073837

(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/28/2007 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. 4300 Centreway Place, Suite 150, Arlington, TX 76018

(Principal office street address)

101 Paramount Drive, Suite 220, Sarasota, FL 34232

(Current mailing address, if different)

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

Name: Chief Financial Officer, State of Florida

Office Address: 200 East Gaines 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.

(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]:

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A. DIRECTORS

☒ Chairman Name: Monique Miranda Merle
☐ Vice Chairman Address: 101 Paramount Drive
☐ Director Suite 220
☐ President Sarasota, FL 34232
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Jose Medina Cardona
☐ Vice Chairman Address: 101 Paramount Drive
☒ Director Suite 220
☐ President Sarasota, FL 34232
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

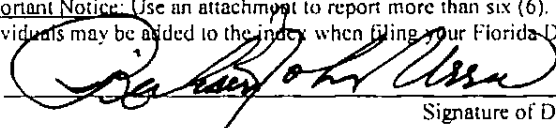
☐ Chairman Name: Waldemar Fabery Villaespesa
☐ Vice Chairman Address: 101 Paramount Drive
☒ Director Suite 220
☐ President Sarasota, FL 34232
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Josely Vega
☐ Vice Chairman Address: 101 Paramount Drive
☒ Director Suite 220
☐ President Sarasota, FL 34232
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Jorge Amadeo
☐ Vice Chairman Address: 101 Paramount Drive
☒ Director Suite 220
☐ President Sarasota, FL 34232
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Agustin Gutierrez Aja
☐ Vice Chairman Address: 101 Paramount Drive
☒ Director Suite 220
☐ President Sarasota, FL 34232
☐ 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. Richard J. Urra, V.P. of Legal & Compliance
(Typed or printed name and capacity of person signing application)

Universal North America Insurance Company

11. DIRECTORS AND OFFICERS

ONTINUED

DIRECTOR and OFFICER (President):

Miguel A. Barrales
101 Paramount Drive, Suite 220
Sarasota, FL 34232

ADDITIONAL OFFICERS:

Katherine Moore,
101 Paramount Drive, Suite 220
Sarasota, FL 34232

Gadiel Cardona
101 Paramount Drive, Suite 220
Sarasota, FL 34232

Richard John Urra
101 Paramount Drive, Suite 220
Sarasota, FL 34232

Gretchen Hopkins,
101 Paramount Drive, Suite 220
Sarasota, FL 34232

Osvaldo Miranda
101 Paramount Drive, Suite 220
Sarasota, FL 34232

Eduardo Miranda
101 Paramount Drive, Suite 220
Sarasota, FL 34232

Victor Mandes
101 Paramount Drive, Suite 220
Sarasota, FL 34232



PO Box 149104 | Austin, TX 78714 | 1-800-578-4677 | tdi.texas.gov

March 29, 2021

Georgia Porcher
Capitol Services
701 Brazos St., Suite 1500
Austin, TX 78701

RE: Letter of Good Standing for Universal North America Insurance Company

Dear Georgia:

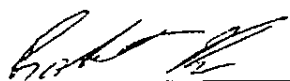
Universal North America Insurance Company has requested that the Texas Department of Insurance issue a Letter of Good Standing in relation to the company's license as an insurer in the state of Texas. In response to this request, the Texas Department of Insurance hereby confirms the following:

1. Universal North America Insurance Company has been licensed in the state of Texas since June 28, 2005
2. Universal North America Insurance Company is licensed as a fire and casualty company in the state of Texas.
3. Universal North America Insurance Company's Texas certificate of authority is in full effect and will remain in full effect until it is revoked, canceled or suspended. See attachment.
4. Universal North America Insurance Company reported a capital and surplus of \$71,646,045 as of December 31, 2019 on the company's latest annual statement. This amount is in excess of the required statutory minimum.

None of the information above may be construed as to limit or prevent the Texas Department of Insurance's ability to initiate or take action, under applicable law, for any violation of the Texas Insurance Code or related regulations.

If there are any further questions or concerns, please let me know. I can be reached at 512-676-6375 or CompanyLicense@tdi.texas.gov.

Sincerely,

BY: 

Robert Rudnai
Manager
Company Licensing and Registration Office

Texas Department of Insurance



Certificate No. 14516

Company No. 07-096008

Certificate of Authority

THIS IS TO CERTIFY THAT

UNIVERSAL NORTH AMERICA INSURANCE COMPANY

SAN ANTONIO, TEXAS

has complied with the laws of the State of Texas applicable thereto and is hereby authorized to transact the business of

Fire; Allied Coverages; Rain; Inland Marine; Automobile--Liability & Physical Damage; Liability other than Automobile; Glass; Burglary & Theft and Reinsurance on all lines authorized to be written on a direct basis

insurance within the state of Texas. This Certificate of Authority shall be in full force and effect until it is revoked, canceled or suspended according to law.

IN TESTIMONY WHEREOF, witness my hand and seal of office at Austin, Texas, this

28th day of December A.D. 2007

MIKE GEESLIN
COMMISSIONER OF INSURANCE

BY

A handwritten signature in cursive script, reading "Godwin Ohaechesi".

Godwin Ohaechesi, Director
Company Licensing & Registration

Applicant Company Name: Universal North America Insurance Company

NAIC No. 10759

FEIN 20-3073837

**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 Manager of Company Licensing and Registration office *
(Name) (Position)

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

I hereby certify that

Universal North America Insurance Company
(Name of Applicant Company)

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

is authorized to transact the business of

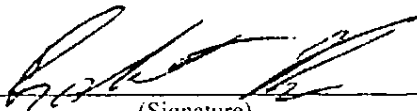
Allied Coverages, Auto Physical Damage, Automobile Liability, Burglary & Theft, Fire, Glass, Inland Marine,
(Lines of Insurance) **

Liability Other than Auto, and Rain

insurance in this state.

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

on April 22, 2021


(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

