

F21 000000 2204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

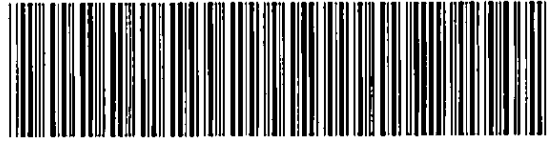
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400408014884

05/03/23--01024--022 **52.50

FILED
2023 MAY -3 PM 6:54
CLERK OF STATE
TALLAHASSEE, FL

RECEIVED

R. HUNT

05/03/23

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: LIO Insurance Company

Name of Corporation

DOCUMENT NUMBER: F21000002204

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Hodges

Name of Contact Person

Willkie Farr & Gallagher LLP

Firm/Company

787 Seventh Avenue

Address

New York, NY 10019

City/State and Zip Code

Rhonda.Kemp@lioinsurance.com

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

For further information concerning this matter, please call:

John Hodges

at (212) 728-3567

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy

☒ \$52.50 Filing Fee,
Certificate of Status &
Certified Copy

Mailing Address:

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

Street Address:

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

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F21000002204

(Document number of corporation (if known))

1. LIO Insurance Company
(Name of corporation as it appears on the records of the Department of State)
2. California 3. 03/29/2021
(Incorporated under laws of) (Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? N/A
5. N/A
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

N/A
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

Arizona
(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent N/A

(Florida street address)

New Registered Office Address: N/A, Florida N/A
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

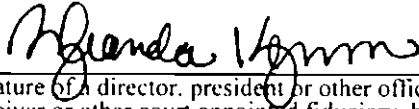
Signature of New Registered Agent, if changing

FILED
MAR 30 2021
TALLAHASSEE, FL
DEPT. OF STATE

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
N/A			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Rhonda N. Kemp

(Typed or printed name of person signing)

Chief Financial Officer

(Title of person signing)

FILING FEE \$35.00

STATE OF ARIZONA



Office of the CORPORATION COMMISSION

TO ALL TO WHOM THESE PRESENTS SHALL COME, GREETING:

THE EXECUTIVE DIRECTOR OF THE ARIZONA CORPORATION COMMISSION DOES HEREBY CERTIFY THAT THE RECORDS IN THIS OFFICE SHOW THAT

LIO INSURANCE COMPANY

AN ARIZONA CORPORATION, DID ON THE 3RD DAY OF OCTOBER 2022 FILE ARTICLES OF INCORPORATION AS A NON-FILING INSURANCE COMPANY.

IN WITNESS WHEREOF, I have hereunto set my hand and the official seal of the Arizona Corporation Commission on this date:
27 Day of December, 2022 A.D.



Matthew Vanbert
Matthew Vanbert, Executive Director

By

DEASHA JACKSON

STATE OF ARIZONA
DEPARTMENT OF INSURANCE AND
FINANCIAL INSTITUTIONS

CERTIFICATE OF AUTHORITY

I, Kurt A. Regner, Assistant Director of Insurance and Financial Institutions of the State of Arizona, do hereby certify that

Lio Insurance Company

Domiciled in Arizona

NAIC No. 40550

has complied with the requirements of the Arizona Revised Statutes, Title 20 and is hereby authorized, subject to the provisions thereof and the charter powers of said Company, to transact the following kinds of insurance business:

Casualty With Workers' Compensation

Disability

Marine And Transportation

Property

Surety

Vehicle

within the State of Arizona unless surrendered, suspended or revoked by the Director of Insurance and Financial Institutions.

In TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Director of Insurance and Financial Institutions at the City of Phoenix. The effective date of this certificate is September 30, 2022.



Kurt A. Regner
Assistant Director



Applicant Name: LIO INSURANCE COMPANY NAIC No. 40550
FEIN: 95-3290010

Uniform Certificate of Authority Application (UCAA)
CERTIFICATE OF COMPLIANCE

State of ARIZONA Office of DIRECTOR OF INSURANCE AND FINANCIAL INSTITUTIONS
(Domiciliary State of Applicant) (Commissioner, Superintendent, Officer)

I, KURT REGNER, hereby certify that I am the*
(Name)

ASSISTANT DIRECTOR, FINANCIAL AFFAIRS DIVISION of the State of ARIZONA
(Position)

and have supervision of insurance business in said State and as such I hereby certify that

LIO INSURANCE COMPANY
(Name of Insurer)

of Phoenix, Arizona is duly organized under the laws of said State and is
(City/State)

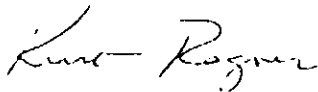
authorized to transact the business of CASUALTY WITH WORKERS' COMPENSATION,

DISABILITY, MARINE AND TRANSPORTATION, PROPERTY, SURETY AND VEHICLE
(Line of Insurance)**

insurance in this State.

IN TESTIMONY WHEREOF, I have hereunto set my hand at PHOENIX, ARIZONA
(Location)

on this 13th day of October, A.D. 2022.
(Month)



(Signature)

KURT REGNER
(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