

F21000002417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

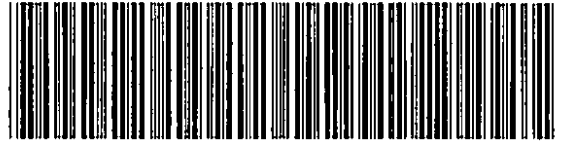
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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21 MAR 19 PM 1:47  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

2021-  
48033

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** National Summit 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:

Diane Karis

Name of Person

Perr&Knight

Firm/Company

401 Wilshire Blvd # 300

Address

Santa Monica, CA 90401

City/State and Zip code

swyatt@nationalsummit.com

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

For further information concerning this matter, please call:

Diane Karis

at ( 310 ) 889-0945

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 9, 2021

DIANE KARIS  
401 WILSHIRE BLVD #300  
SANTA MONICA, CA 90401

SUBJECT: NATIONAL SUMMIT INSURANCE COMPANY  
Ref. Number: W21000048033

We have received your document for NATIONAL SUMMIT 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 421A00007419

**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. National Summit 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. 74-1196864  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 08/01/1948 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. 325 N. St. Paul St. #900, Dallas TX. 75201  
(Principal office street address)
- same  
(Current mailing address, if different)

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

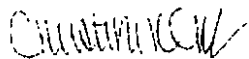
Name: Christine Kelm - CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(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.*



Christine Kelm  
Assistant Secretary

(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]:

FILED  
21 MAY 19 PM 1:40  
DEPARTMENT OF STATE  
CORPORATE RECORDS DIVISION

# A. DIRECTORS

☒ Chairman Name: see attached list

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ 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. Shannon Whitt  
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. SHANNON Whitt, SECRETARY  
(Typed or printed name and capacity of person signing application)

**Directors & Officers List (up to 6 total)**

- |                                  |                       |
|----------------------------------|-----------------------|
| 1. Timothy Joseph McAuliffe, Jr. | President             |
| 2. Shannon Lorene Wyatt          | Secretary/Treasurer   |
| 3. Patrick Joseph Duffy          | Chairman of the Board |
| 4. Douglas Edwin Goode           | Senior Vice President |
| 5. Justin Ryan Disch             | Director              |
| 6. Kristina Lyn Castle           | Senior Vice President |

**Address for all of the above:**

325 N. St. Paul St. #900, Dallas TX. 75201



**Texas Department  
of Insurance**

PO Box 149104 | Austin, TX 78714 | 1-800-578-4677 | [tdi.texas.gov](http://tdi.texas.gov)

March 17, 2021

Diane Karis  
Perr & Knight  
401 Wilshire Blvd., Suite 300  
Santa Monica, CA 90401

RE: Letter of Good Standing for National Summit Insurance Company

Dear Diane:

National Summit 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. National Summit Insurance Company has been licensed in the state of Texas since September 1, 1948
2. National Summit Insurance Company is licensed as a fire and casualty company in the state of Texas.
3. National Summit Insurance Company's Texas certificate of authority is in full effect and will remain in full effect until it is revoked, canceled or suspended.
4. National Summit Insurance Company reported a capital and surplus of \$70,112,482 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](mailto:CompanyLicense@tdi.texas.gov).

Sincerely,

BY: 

Robert Rudnai  
Manager  
Company Licensing and Registration Office