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(Address)

(City/State/Zip/Phone #)

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2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Southern Vanguard Insurance Company

Dear Sir or Madam: Name of corporation - must include suffix

Please note that the State of Texas does not provide a Certificate of Fact or Certificate of Good Standing for Texas domiciled insurance companies. The Texas Department of Insurance does issue Certificates of Authority. The Department of Insurance certifies this document and a certified copy is attached, dated April 19, 2021. The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Authority," 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:

Name of Person

Southern Vanguard Insurance Company

Firm/Company

3730 Kirby Dr., Suite 850

Address

Houston, Texas 77098

City/State and Zip code

sofia.gil@rhpga.com

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

For further information concerning this matter, please call:

Sofia Gil at (713) 933-4507
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. Southern Vanguard 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. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 4/13/2021 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. 3730 Kirby Dr., Suite 850, Houston, Texas 77098
(Principal office street address)

(Current mailing address, if different)

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

Name: Chief Financial Officer of Florida

Office Address: 200 East Gaines Street

Tallahassee, Florida 32399
(City) (Zip code)

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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]:

A. DIRECTORS

☒ Chairman Name: Cory L. Moulton
☐ Vice Chairman Address: 3730 Kirby Dr., Suite 850
☐ Director Houston, TX 77098
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Greg Vanek
☐ Vice Chairman Address: 3730 Kirby Dr., Suite 850
☐ Director Houston, TX 77098
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Van B. Durboraw
☐ Vice Chairman Address: 3730 Kirby Dr., Suite 850
☐ Director Houston, TX 77098
☐ 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. Cory Moulton _____
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. Cory L. Moulton _____
(Typed or printed name and capacity of person signing application)

Texas Department of Insurance

Amended Certificate of Authority

License no. 94980

Licensed since: August 4, 1998

Department Certification

Southern Vanguard Insurance Company
(domestic stock fire and casualty company)
organized under the laws of the state of Texas

This entity has complied with the laws of the state of Texas, as applicable, and is authorized to transact the following lines of insurance:

Fire; Allied Coverages; Hail-growing crops only; Rain; Inland Marine; Ocean Marine; Aircraft Liability & Physical Damage; Accident; Health; Workers' Compensation & Employers' Liability; Automobile Liability & Physical Damage; Liability other than Automobile; Fidelity & Surety; Glass; Burglary & Theft; Forgery; Boiler & Machinery; Credit and Livestock

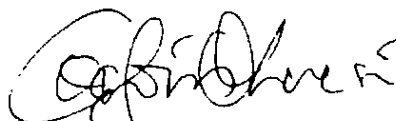
This amended certificate of authority is in full force and effect until it is revoked, canceled, or suspended according to law.

Given under my hand and official seal at my office
in the city of Austin, this

20th day of March, 2014.

JULIA RATHGEBER
COMMISSIONER OF INSURANCE

BY



Godwin Ohaechesi, Director
Company Licensing and Registration
Commissioner's order no. 2744





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

STATE OF TEXAS §
 §
COUNTY OF TRAVIS §

The Commissioner of Insurance, as the chief administrative and executive officer and custodian of records of the Texas Department of Insurance has delegated to the undersigned the authority to certify the authenticity of documents filed with or maintained by or within the custodial authority of the Company Licensing and Registration Office of the Texas Department of Insurance.

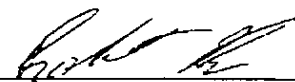
Therefore, I hereby certify that the attached documents are true and correct copies of the documents described below. I further certify that the documents described below are filed with or maintained by or within the custodial authority of the Company Licensing and Registration Office of the Texas Department of Insurance.

Current certificate of authority for SOUTHERN VANGUARD INSURANCE COMPANY, Houston, Texas, dated March 20, 2014.

IN TESTIMONY WHEREOF, witness my hand and seal of office at Austin, Texas, this 19th day of April, 2021.



COMMISSIONER OF INSURANCE

BY: 
Robert Rudnai
Manager
Company Licensing and Registration Office