

F21 00000 5269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

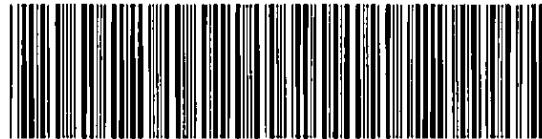
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

202159397

Office Use Only



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2021 SEP -1 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FL

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2021 APR 22 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FL

30

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 04/22/2021

****WALK IN****

ENTITY NAME Loxdon Insurance Company, Inc., A Risk Retention Group

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXX

Plain Copy

****WALK IN****

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$70.00

ACCOUNT #: 120160000072

Please call Tina at the above number for any issues or concerns. Thank you so much!



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 1, 2021

SUNSHINE

CORRECTED
Please Allow For
Same File Date

SUBJECT: LOXDON INSURANCE COMPANY, INC., A RISK RETENTION GROUP
Ref. Number: W21000055397

We have received your document for LOXDON INSURANCE COMPANY, INC., A RISK RETENTION GROUP and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Chapter 628, Florida Statutes, requires all insurers in Florida to list the Chief Financial Officer as their registered agent. The registered office address is: Department of Financial Services, 200 E. Gaines St., Tallahassee, FL 32399.

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.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 221A00021087

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2021 SEP 13 PM 3:16

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OFFICE OF INSURANCE REGULATION

DAVID ALTMAIER
COMMISSIONER

FINANCIAL SERVICES
COMMISSION

RON DESANTIS
GOVERNOR

JIMMY PATRONIS
CHIEF FINANCIAL OFFICER

ASHLEY MOODY
ATTORNEY GENERAL

NICOLE "NIKKI" FRIED
COMMISSIONER OF
AGRICULTURE

SENT BY E-MAIL TO: anna@mcnaire.com

May 10, 2021

Mrs. Anna Antonov
500 Ala Moana Blvd. Suite 7400
Honolulu, HI 96813

Re: **Loxdon Insurance Company, Inc. A Risk Retention Group**
Application for Registration as a Foreign Risk Retention Group ("Application")
Application ID #948695

Dear Mrs. Antonov:

Following a complete review, the Florida Office of Insurance Regulation ("Office") has approved Loxdon Insurance Company, Inc. A Risk Retention Group's Application for registration as a foreign Risk Retention Group in Florida pursuant to the federal Liability Risk Retention Act of 1986, 15 U.S.C. 3901, and Section 627.944, Florida Statutes.

As you are aware, entities registered in Florida are required to at all times operate in compliance with all applicable provisions of the Florida Insurance Code and the Florida Administrative Code.

We will continue to be available to offer assistance to you and your company as needed. If you have any questions, you may contact Property & Casualty Financial Oversight at (850) 413-1745.

This letter is final agency action on your Application. Attached to this letter is your notice of rights.

Sincerely,

Virginia A. Christy, Director
Property and Casualty Financial Oversight

NOTICE OF RIGHTS

A party who is adversely affected by this order is entitled to seek judicial review of this Order pursuant to section 120.68, Florida Statutes. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings are commenced by filing a notice of appeal with the agency clerk of the Office of Insurance Regulation and a copy of the notice, accompanied by any filing fee prescribed by law, with the clerk of the District Court of Appeal where the agency maintains its headquarters or otherwise provided by law. The notice of appeal must be filed within 30 days of the rendition of this order.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Loxdon Insurance Company, Inc., A Risk Retention Group
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:

Anna Antonov

Name of Person

Loxdon Insurance Company, Inc., A Risk Retention Group

Firm/Company

420 North 20th Street, Suite 2200

Address

Montgomery, AL 35203

City/State and Zip code

anna@mcnaire.com ✓

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

For further information concerning this matter, please call:

URS Agents ATTN Kanetha Bishop at (800) 567-4397
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. Loxdon Insurance Company, Inc., a Risk Retention Group

(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. Alabama 3. 85-3042389

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

4. 10/07/2020 5. PERPETUAL

(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. 420 North 20th Street, Suite 2200 Birmingham, AL 35203

(Principal office street address)

PO BOX 1178 Clackamas, OR 97015

(Current mailing address, if different)

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

Name: Anna Antonov

Office Address: Dept. of Financial Services, 200 E. Gaines St

Tallahassee, Florida 32399

(City) (Zip code)

FILED
2021 SEP - 1 AM 9:14
STATE OF FLORIDA
TALLAHASSEE, FL

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: Michal Walter
☐ Vice Chairman Address: 500 Ala Moana Blvd Ste 7400
☐ Director Honolulu, HI 96813
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Anna Antonov
☐ Vice Chairman Address: 500 Ala Moana Blvd Ste 7400
☐ Director Honolulu, HI 96813
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

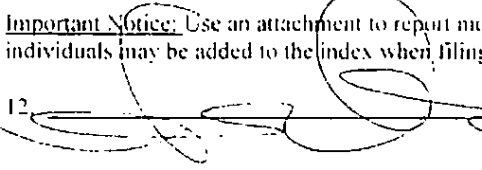
☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ 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.  _____
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. Anna Antonov DVP _____
(Typed or printed name and capacity of person signing application)

John H. Merrill
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

**I, John H. Merrill, Secretary of State of Alabama, having custody of the
Great and Principal Seal of said State, do hereby certify that**

the entity records on file in this office disclose that Loxdon Insurance Company,
Inc., A Risk Retention Group was formed in Alabama, Alabama on October 7,
2020. The Alabama Entity Identification number for this entity is 718-758. I
further certify that the records do not disclose that said entity has been dissolved,
cancelled or terminated.



20210420000037500

**In Testimony Whereof, I have hereunto set my
hand and affixed the Great Seal of the State, at the
Capitol, in the city of Montgomery, on this day.**

04/20/2021

Date

J. H. Merrill

John H. Merrill

Secretary of State