

F21000005723

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

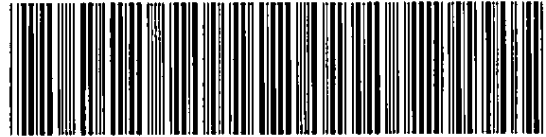
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HALLAHASSEE, FL 32009
2021 SEP 29 AM 7:11



October 6, 2021

Via Hand Delivery

REGISTRATION SECTION
DIVISION OF CORPORATIONS
THE CENTRE OF TALLAHASSEE
ATTENTION: KYLE
2415 N. MONROE STREET, SUITE 810
TALLAHASSEE, FL 32303

**Re: HORNBEAM INSURANCE COMPANY
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

Dear Kyle:

On behalf of the above referenced company, please find enclosed the revised application by Foreign Corporation for Authorization to Transact Business in Florida. A copy of the company's certificate of good standing from Kentucky and check in the amount of \$87.50 for their Filing Fee, Certificate of Status from Florida and Certified Copy of the Application by Foreign Corporation for Authorization to Transact Business in Florida were previously submitted to the Division on September 29, 2021.

If you have any questions, please contact me and I will be happy to expedite an answer.

Sincerely,

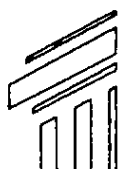
A handwritten signature in black ink that reads "Halley Kelly".

Halley P. Kelly, FRP
Paralegal
Halley@meenanlawfirm.com

JDW/hpk
Enclosures

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2021 OCT -6 PM 1:27



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HORNBEAM 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:

Joseph Walters

Name of Person

Meenan PA

Firm/Company

PO Box 11247

Address

Tallahassee, FL 32302

City/State and Zip code

halley@meenanlawfirm.com

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

For further information concerning this matter, please call:

Joseph Walters

at (850) 425-4000

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. HORNBEAM 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. Kentucky

(State or country under the law of which it is incorporated)

3. 90-0002353

(FEI number, if applicable)

4. 3/22/2019

(Date of incorporation)

5. Perpetual

(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. 471 WEST MAIN STREET SUITE 302, LOUISVILLE, KY 40202

(Principal office street address)

471 WEST MAIN STREET SUITE 302, LOUISVILLE, KY 40202

(Current mailing address, if different)

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

Name: Florida Chief Financial Officer

Office Address: 200 East Gaines Street

Tallahassee, Florida 32399

(City)

(Zip code)

2019 OCT 29 AM 7:11

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: Nancy Lampton
☐ Vice Chairman Address: 471 WEST MAIN STREET
☒ Director SUITE 302
☐ President LOUISVILLE, KY 40202
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Gerald Wayne Gerichs
☐ Vice Chairman Address: 471 WEST MAIN STREET
☒ Director SUITE 302
☐ President LOUISVILLE, KY 40202
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☒ Other _____ ☐ Other _____

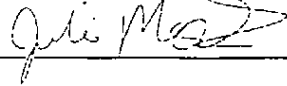
☐ Chairman Name: Kevin Michael Callahan
☐ Vice Chairman Address: 471 WEST MAIN STREET
☐ Director SUITE 302
☒ President LOUISVILLE, KY 40202
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☒ Other COO _____ ☐ Other _____

☐ Chairman Name: Daniel Doherty Tafel
☐ Vice Chairman Address: 471 WEST MAIN STREET
☐ Director SUITE 302
☐ President LOUISVILLE, KY 40202
☒ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Julie Ann Messer
☐ Vice Chairman Address: 471 WEST MAIN STREET
☐ Director SUITE 302
☐ President LOUISVILLE, KY 40202
☒ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Christopher John Karo
☐ Vice Chairman Address: 471 WEST MAIN STREET
☐ Director SUITE 302
☐ President LOUISVILLE, KY 40202
☐ 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. Julie A. Messer, Senior Vice President
(Typed or printed name and capacity of person signing application)

A. DIRECTORS

☐ Chairman Name: Nickolas William Kuhlman
☐ Vice Chairman Address: 471 WEST MAIN STREET
☒ Director SUITE 302
☐ President LOUISVILLE, KY 40202
☐ Vice President _____
☐ Secretary ☒ Treasurer
☒ Other CFO ☐ Other _____

☐ Chairman Name: Robert Whithers Griffith
☐ Vice Chairman Address: 471 WEST MAIN STREET
☒ Director SUITE 302
☐ President LOUISVILLE, KY 40202
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Assistant Secretary ☐ Other _____

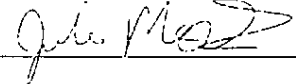
☐ Chairman Name: Stephen Paul Campbell
☐ Vice Chairman Address: 471 WEST MAIN STREET
☒ Director SUITE 302
☐ President LOUISVILLE, KY 40202
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Mason Hardaway Lampton
☐ Vice Chairman Address: 471 WEST MAIN STREET
☒ Director SUITE 302
☐ President LOUISVILLE, KY 40202
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Linda Diane Clemons
☐ Vice Chairman Address: 471 WEST MAIN STREET
☐ Director SUITE 302
☐ President LOUISVILLE, KY 40202
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Assistant Treasurer ☐ Other _____

☐ Chairman Name: Jean Louise Smith
☐ Vice Chairman Address: 471 WEST MAIN STREET
☐ Director SUITE 302
☐ President LOUISVILLE, KY 40202
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Assistant Secretary ☐ Other _____

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13. Julie A. Messer, Senior Vice President
(Typed or printed name and capacity of person signing application)

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Certificate of Existence

Authentication number: 252531

Visit <https://web.sos.ky.gov/its/show/certvalidate.aspx> to authenticate this certificate.

I, Michael G. Adams, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

HORNBEAM INSURANCE COMPANY

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is March 22, 2019 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that Articles of Dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 11th day of August, 2021, in the 230th year of the Commonwealth.



Michael G. Adams

Michael G. Adams
Secretary of State
Commonwealth of Kentucky
252531/1052887