F2100000496

(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:				
129014				





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10/12/21--01048--002 **87.50







October 20, 2021

CHRISTOPHER WETZEL PO BOX 15005 RALEIGH, NC 27624-0005

SUBJECT: BUILDERS ALLIANCE INSURANCE COMPANY

Ref. Number: W21000139014

We have received your document for BUILDERS ALLIANCE INSURANCE COMPANY and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Pursuant to section 628.091, Florida Statutes, approval must be obtained from the Department of Financial Services. Approval may be obtained from:

Department of Financial Services 200 E. Gaines St. Tallahassee, FL 32399 850-413-2575

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 221A00025552

Suzanne Hawkes Regulatory II

COVER LETTER

	tration Section ion of Corporations			
SUBJECT:	Builders Alliance Insurance C	lompany		
Sobstical.	Name o	of corporation - m	ust include suffix	14.
Dear Sir or M	ladam:			
"Certificate o	"Application by Foreign Co f Existence," or "Certificate ced foreign corporation to tr	of Good Standing	" and check are submi	
Please return	all correspondence concerni	ng this matter to the	ne following:	
Christopher W	etzel			
		Name of Pers	on	
Builders Allia	ace Insurance Company			
		Firm/Compan	∀	
PO Box 15000)5			
		Address		
Raleigh, NC.	27624-0005			
		City/State and Z	ip code	
cwetzel@bmic				
	E-mail address	: (to be used for fu	iture annual report not	ification)
For further in	formation concerning this m	atter, please call:		
Christopher W	etzel	at ()	227-0309	
Nam	e of Person	Area Code	Daytime Telepho	ne 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		
	check for the following amo leck payable to: FLORIDA DF ing Fee	PARTMENT OF 2 Fee & \qua		■ \$87.50 Filing Fee. Certificate of Status & Certified Copy



OFFICE OF INSURANCE REGULATION

FINANCIAL SERVICES
COMMISSION

RON DESANTIS GOVERNOR

JIMMY PATRONIS
CHIEF FINANCIAL OFFICER

ASHLEY MOODY AFTORNEY GENERAL

NICOLE "NIKKI" FRIED COMMISSIONER OF AGRICULTURE

DAVID ALTMAIER COMMISSIONER

SENT BY E-MAIL TO: Suzanne.hawkes@dos.myflorida.com

November 9, 2021

Ms. Suzanne Hawkes Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Reference Nos. W21000138990 and W21000139014

Dear Ms. Hawkes:

In rejection letters sent to two prospective foreign insurers, you referenced Section 628.091. Florida Statutes as your citation for rejection on the basis that prior approval by the Florida Office of Insurance Regulation was required before you can register the two entities who applied as foreign corporations. Section 628.091, Florida Statutes reads:

628.091 Filing, approval of articles of incorporation. -

(1) No domestic stock or mutual insurer shall be formed unless its articles of incorporation are approved by the office prior to filing the same with and approval by the Department of State as provided by law.

I have highlighted the word "domestic". The statutory reference absolutely applies to a domestic stock or mutual insurer; however, it does not apply to a <u>foreign</u> insurer, as they are incorporated in (and receive like-kind approval from) another state or U.S. territory. The Florida Office of Insurance Regulation does not approve Articles of Incorporation for foreign insurers.

Sincerely,

Alison Sterett

Financial Administrator

Alisan Farell

+ 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.

(If name unavail:	able in Florida, enter alternate corporate na	me adopted for the purpose of transact	ting business in Florida)		
North Carolina		3 69 0537066			
(State or country under the law of which it is incorporated)		(FEI number, if applicable)			
March 29, 202	1	Perpetual 5.			
(Date of incorporation)		(Date of duration, if other	(Date of duration, if other than perpetual)		
. <u>N/A</u>					
		ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liab	ility)		
5580 Centerview	Drive, Raleigh, NC 27606	7.1502, 1.5., to determine penalty hab	mry /		
		office street address)			
PO Box 150005,	Raleigh, NC 27624-0005	ornee sireer address)			
	(Current nu	ailing address, if different)	· · · · · · · · · · · · · · · · · · ·		
. Name and <u>stree</u>	et address of Florida registered agent: (P.O. Box NOT acceptable)	2021		
	et address of Florida registered agent: (C T Corporation System	P.O. Box NOT acceptable)	2021		
Name:	C T Corporation System	P.O. Box NOT acceptable)	2022		
Name:	C T Corporation System 1200 South Pine Island Road		2021 12 A		
Name:	C T Corporation System 1200 South Pine Island Road				
Name:	C T Corporation System 1200 South Pine Island Road	P.O. Box NOT acceptable) , Florida 33324 (Zip code)	20211 7 12 AH 9: 36		
Name: ffice Address:	C T Corporation System 1200 South Pine Island Road Plantation (City)				
Name: ffice Address: Registered age aving been nam	CT Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: eed as registered agent and to accept see	Florida 33324 (Zip code)	All 9: 36 STATE red corporation at the p		
Name: ffice Address: Registered age faving been nam vsignated in this	CT Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: red as registered agent and to accept so application, I hereby accept the appoint	Florida 33324 (Zip code) ervice of process for the above state intment as registered agent and ag	red corporation at the paree to act in this capac		
Name: office Address: Registered ago laving been nam esignated in this orther agree to co	CT Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: led as registered agent and to accept se application, I hereby accept the appoint omply with the provisions of all statute.	Florida 33324 (Zip code) ervice of process for the above state intment as registered agent and ages relative to the proper and compa	red corporation at the paree to act in this capac		
Name: Office Address: Registered ago Iaving been nam Jesignated in this jurther agree to co	CT Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: red as registered agent and to accept so application, I hereby accept the appoint	Florida 33324 (Zip code) ervice of process for the above state intment as registered agent and ages relative to the proper and compa	red corporation at the paree to act in this capac		
Name: Office Address: Registered ago Iaving been nam lesignated in this urther agree to co	CT Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: led as registered agent and to accept se application, I hereby accept the appoint omply with the provisions of all statute.	Florida 33324 (Zip code) ervice of process for the above state intment as registered agent and ages relative to the proper and compa	red corporation at the paree to act in this capac		

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]:

Ą. DIRECTORS		,					
≡ Chairman	Name:	□Chairman	Name: Dave Stormont				
□Vice Chairman	Address: Evergreen Group, LLC	■Vice Chairman	Address: Storm Coast Homes, LLC				
□Director	1005 N. Church St.	□Director	6036 Currituck Road				
□President	Charlotte, NC 28206	□President	Kitty Hawk, NC 27949				
□Vice President		□Vice President					
□ Secretary	□Treasmer	☐ Secretary	Treasurer				
Other	⊡Other	Other	Other				
□Chairman	Name: Erik Anderson Anderson-Moore Builders	□Chairman	Name: Jerry Hartsell 4430 Whitetail Lane				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director	425 West End Blvd.	■Director	Midland, NC 28107				
□President	Winston Salem, NC 27101	□President					
□Vice President		□Vice President					
■ Secretary	□Treasurer	☐ Secretary	□Treasurer				
□Other	□ Other	□Other	□Other				
□Chairman	Brian Pace	□Chairman	Name: Andy Betts				
	Pace Development Group		Address: 409 Yarmouth Road				
□ Director	6719-C Fairview Road	□ Vice Chanman □ Director	Raleigh, NC 27608				
	Charlotte, NC 28210						
□President		□President					
□ Vice President		□ Vice President					
☐ Secretary _	□Treasurer _	□ Secretary _	□Treasurer _				
□Other	□ Other	□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 o						
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.							



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

BUILDERS ALLIANCE INSURANCE COMPANY

is a corporation duly incorporated under Chapter 58 of the North Carolina General Statutes, having been incorporated on the 18th day of December, 1947 with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the articles of incorporation of Builders Alliance Insurance Company are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; and that the said corporation has not filed articles of dissolution as of the date of this certificate





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 2nd day of September, 2021.

Elaine I Marshall

Secretary of State