

F21000007294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

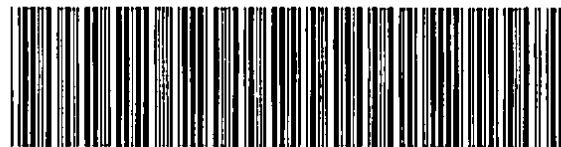
(Document Number)

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11/04/21--01013--014 **78.75

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STATE
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S. HAWKES
NOV - 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 12, 2021

ANGELIQUE GOUDEAUX
1763 MARLTON PIKE EAST SUITE 200
CHERRY HILL, NJ 08003

SUBJECT: CERT INSURANCE COMPANY
Ref. Number: W21000146450

We have received your document for CERT INSURANCE COMPANY and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You must use our form to list your officers and directors.,

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.

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

Suzanne Hawkes
Regulatory II

Letter Number: 121A00027566

**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. Concert 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. Illinois 3. 36-3207068
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/15/1982 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 21805 W. Field Parkway, Suite 320, Deer Park, IL 60010
(Principal office address)
- _____
(Current mailing address, if different)

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

Name: Chief Financial Officer

Office Address: PO Box 6200 (32314-6200) 200 E. Gaines St.
Tallahassee, Florida 32339
(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.

Chief Financial Officer

(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.

FILED
2021 OCT 19 PM 2:58
CLERK OF STATE
TALLAHASSEE, FL

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Refer to attachment

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

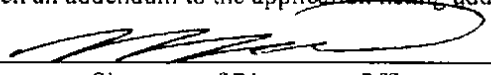
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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. Matthew C. Wagner, President & Chief Legal Officer
(Typed or printed name and capacity of person signing application)

A. DIRECTORS

☐ Chairman Name: Jonathon Reiss
☐ Vice Chairman Address: 21805 W. Field Pkwy. Ste. 320
☒ Director Deer Park, IL 60010
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Steven L. Groot
☐ Vice Chairman Address: 21805 W. Field Pkwy. Ste. 320
☒ Director Deer Park, IL 60010
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

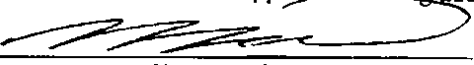
☐ Chairman Name: Michael L. Rybak
☐ Vice Chairman Address: 21805 W. Field Pkwy. Ste. 320
☒ Director Deer Park, IL 60010
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☒ Other CFO ☐ Other _____

☐ Chairman Name: David B. Benjamin
☐ Vice Chairman Address: 21805 W. Field Pkwy. Ste. 320
☒ Director Deer Park, IL 60010
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Matthew C. Wagner
☐ Vice Chairman Address: 21805 W. Field Pkwy. Ste. 320
☒ Director Deer Park, IL 60010
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Chief Legal Officer ☐ Other _____

☐ Chairman Name: Joseph Alberti
☐ Vice Chairman Address: 21805 W. Field Pkwy. Ste. 320
☐ Director Deer Park, IL 60010
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Chief Underwriter ☐ 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. _____
(Typed or printed name and capacity of person signing application)

A. DIRECTORS

☐ Chairman Name: Christopher M. DuCharme
☐ Vice Chairman Address: 21805 W. Field Pkwy. Ste. 320
☐ Director Deer Park, IL 60010
☐ President
☐ Vice President
☒ Secretary ☐ Treasurer
☒ Other COO ☐ Other

☐ Chairman Name: Raymond Rocchio
☐ Vice Chairman Address: 21805 W. Field Pkwy. Ste. 320
☐ Director Deer Park, IL 60010
☐ President
☒ Senior Vice President
☐ Secretary ☐ Treasurer
☐ Other ☐ Other

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

☐ Chairman Name: Darian Ryan
☐ Vice Chairman Address: 21805 W. Field Pkwy. Ste. 320
☐ Director Deer Park, IL 60010
☐ President
☒ Vice President
☐ Secretary ☐ Treasurer
☒ Other Chief Credit Off. ☐ Other

☐ Chairman Name: Scott Stosek
☐ Vice Chairman Address: 21805 W. Field Pkwy. Ste. 320
☐ Director Deer Park, IL 60010
☐ President
☒ Vice President
☐ Secretary ☐ Treasurer
☒ Other Controller ☐ Other

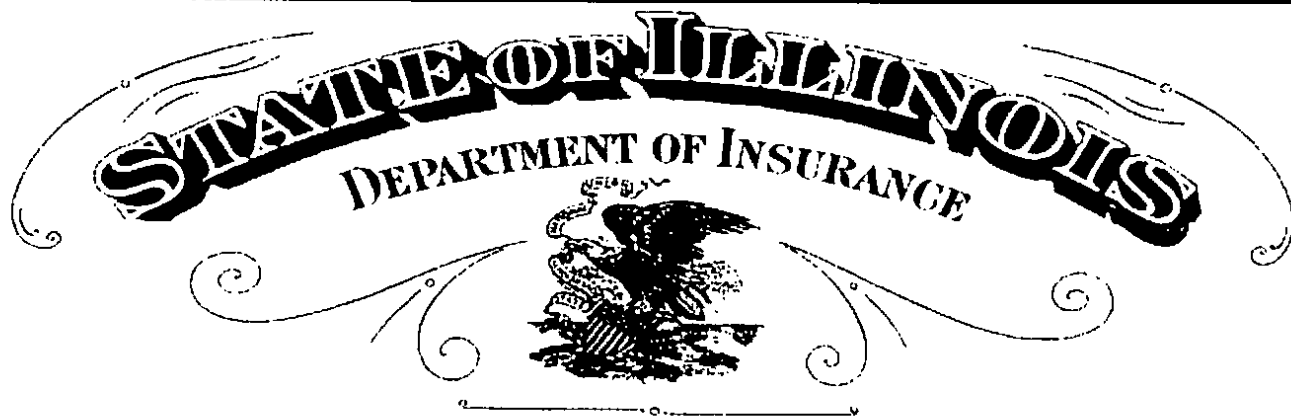
☐ Chairman Name:
☐ Vice Chairman Address:
☐ Director
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☐ Other ☐ Other

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12. _____
Signature of Director or Officer

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13. _____
(Typed or printed name and capacity of person signing application)



WHEREAS, the Concert Insurance Company located at Deer Park Lake
County in the State of Illinois was incorporated pursuant to the provisions of the "Illinois
Insurance Code" applicable to said Company:

NOW, THEREFORE, I the undersigned, Director of Insurance of the State of
Illinois, do hereby certify the said Company is authorized to transact its appropriate
business as set forth under Clause(s)


(a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) of Class 2

(a) (b) (c) (d) (e) (f) (g) (h) (i) of Class 3

of Section 4 of the "*Illinois Insurance Code*" in this State, in accordance with the laws
thereof.

DEPARTMENT OF INSURANCE of the State
of Illinois;

DATE: October 5, 2021


DANA POPISH SEVERINGHAUS
ACTING DIRECTOR OF INSURANCE



Certificate of Compliance