

F23000000921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

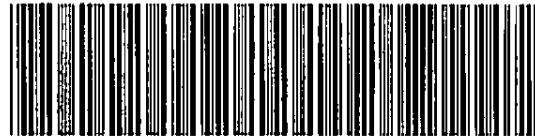
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W23-11068

Office Use Only



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AND
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2023 FEB 13 PM 3:19

FEB 14 2023

K. Brumby



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 28, 2023

E. RHETT PHILLIPS
7660 PECUE LN., STE. 200
BATON ROUGE, LA 70809

SUBJECT: PULSAR TITLE INSURANCE COMPANY, INC.
Ref. Number: W23000011068

We have received your document for PULSAR TITLE INSURANCE COMPANY, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

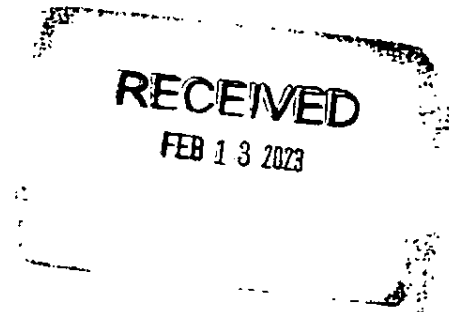
Chapter 628, Florida Statutes, requires all insurers in Florida to list the Chief Financial Officer as their registered agent. The registered office address is: Department of Financial Services, 200 E. Gaines St., Tallahassee, FL 32399.

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: 323A00002138



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PULSAR TITLE INSURANCE COMPANY, INC.

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:

E. Rhett Phillips

Name of Person

Pulsar Title Insurance Company, Inc.

Firm/Company

7660 Pecue Lane, Suite 200

Address

Baton Rouge, Louisiana 70809

City/State and Zip code

temple@pulsartitleinsurance.com

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

For further information concerning this matter, please call:

E. Rhett Phillips

at (225) 570-4801

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. PULSAR TITLE INSURANCE COMPANY, INC.
(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. LOUISIANA 3. 82-2886999
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. AUGUST 28, 2017 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. 7660 PECUE LANE, SUITE 200, BATON ROUGE, LOUISIANA 70809
(Principal office street address)
7660 PECUE LANE, SUITE 200, BATON ROUGE, LOUISIANA 70809
(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: 200 E. 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: Jeffery P. Purpera, Jr.
☐ Vice Chairman Address: 7660 Pecue Lane, Suite 200
☒ Director Baton Rouge, LA 70809
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Saun A. Sullivan
☐ Vice Chairman Address: 7660 Pecue Lane, Suite 200
☒ Director Baton Rouge, LA 70809
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

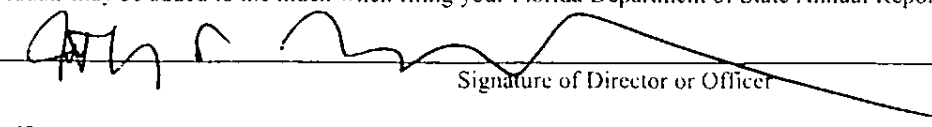
☐ Chairman Name: Lee S. Foster
☐ Vice Chairman Address: 7660 Pecue Lane, Suite 200
☒ Director Baton Rouge, LA 70809
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Lee T. Alford
☐ Vice Chairman Address: 7660 Pecue Lane, Suite 200
☒ Director Baton Rouge, LA 70809
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Marvin Leon Vicknair, Jr.
☐ Vice Chairman Address: 7660 Pecue Lane, Suite 200
☒ Director Baton Rouge, LA 70809
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Jeannette G. Thomason
☐ Vice Chairman Address: 7660 Pecue Lane, Suite 200
☒ Director Baton Rouge, LA 70809
☐ 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. Jeffery P. Purpera, Jr., President
(Typed or printed name and capacity of person signing application)



James J. Donelon

COMMISSIONER OF INSURANCE

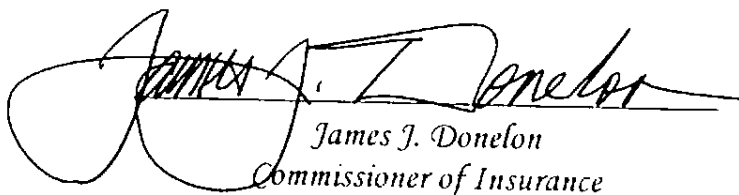
I, THE UNDERSIGNED COMMISSIONER OF INSURANCE OF THE STATE OF LOUISIANA, DO HEREBY CERTIFY THAT

Pulsar Title Insurance Company, Inc

NAIC Number 16334

Of Louisiana is duly organized under the laws of said State and is authorized to transact business of Title in this State. I further certify that the said Pulsar Title Insurance Company, Inc is possessed of admitted assets in the amount of 2,880,361 dollars, and has a paid-in capital of 200,000 dollars, and is possessed of a surplus of admitted assets over all liabilities, reserves and capital of at least 9,529,765 dollars, as shown by its annual statement submitted to this Department as of December 31, 2021.

*Given Under my signature, authenticated with the impress
of my Seal of office, at the City of Baton Rouge, this
29th day of November A.D. 2022.*


James J. Donelon
Commissioner of Insurance