

F23000001080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

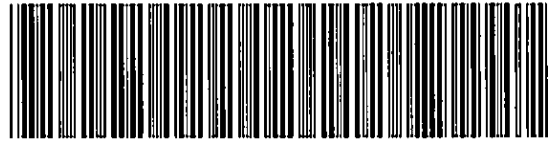
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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APPROVED
AND
FILED
2023 FEB 21 PM 4:56

FEB 22 2023
K. Brumby



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 14, 2023

CSC

RESUBMIT
Please give original
submission date as file date.

SUBJECT: CURATIVE INSURANCE COMPANY
Ref. Number: W23000018810

We have received your document for CURATIVE INSURANCE COMPANY 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.

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: 123A00003344

RECEIVED
2023 FEB 22 AM 11:22
TALLAHASSEE, FLOR.

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 391286 8328471
AUTHORIZATION : 
COST LIMIT : \$ 78.75

ORDER DATE : January 23, 2023
ORDER TIME : 1:49 PM
ORDER NO. : 391286-015
CUSTOMER NO: 8328471

FOREIGN FILINGS

NAME: CURATIVE INSURANCE COMPANY

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Curative 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:

Lisa Gratzer

Name of Person

Curative Inc.

Firm/Company

605 E. Huntington Dr., #205

Address

Monrovia, CA 91016

City/State and Zip code

legal@curative.com

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

For further information concerning this matter, please call:

Lisa Gratzer at (714) 392-5521

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. Curative 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. Texas 3. 88-2837119
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 6/9/2022 5.
(Date of incorporation) (Date of duration, if other than perpetual)

6. 1/1/2023
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 900 Congress Ave., #500, Austin, TX 78701
(Principal office street address)

605 E. Huntington Dr., #205, Monrovia, CA 91016
(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: Department of Financial Services 200 E. Gaines St.
Tallahassee, Florida 328399
(City) (Zip code)

2023 FEB 21 PM 4:56
FILED
AH)

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.

Corporation Service Company
By: [Signature]
(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: Frederick E. Turner
 Vice Chairman Address: 900 Congress Ave., #500
Austin, TX 78701
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other CEO Other _____

Chairman Name: Tami Wilson-Ciranna
 Vice Chairman Address: 900 Congress Ave., #500
Austin, TX 78701
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other CFO Other _____

Chairman Name: Sharon Alves
 Vice Chairman Address: 900 Congress Ave., #500
Austin, TX 78701
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Isaac H.C. Turner
 Vice Chairman Address: 900 Congress Ave., #500
Austin, TX 78701
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: David Ellwanger
 Vice Chairman Address: 900 Congress Ave., #500
Austin, TX 78701
 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. Tami Wilson-Ciranna, CFO
 (Typed or printed name and capacity of person signing application)



PO Box 12030 | Austin, TX 78711 | 800-578-4677 | tdi.texas.gov

STATE OF TEXAS §
§
COUNTY OF TRAVIS §

The Commissioner of Insurance, as the chief administrative and executive officer and custodian of records of the Texas Department of Insurance has delegated to the undersigned the authority to certify the authenticity of documents filed with or maintained by or within the custodial authority of the Company Licensing and Registration Office of the Texas Department of Insurance.

Therefore, I hereby certify that the attached documents are true and correct copies of the documents described below. I further certify that the documents described below are filed with or maintained by or within the custodial authority of the Company Licensing and Registration Office of the Texas Department of Insurance.

Current certificate of authority for CURATIVE INSURANCE COMPANY, Round Rock, Texas, dated July 18, 2022.

IN TESTIMONY WHEREOF, witness my hand and seal of office at Austin, Texas, this 27th day of January, 2023.



COMMISSIONER OF INSURANCE

BY: John Carter
John Carter
Director
Company Licensing and Registration Office

Applicant Company Name: Curative Insurance Company

NAIC No. 17331

FEIN 88-2837119

**Uniform Certificate of Authority Application (UCAA)
CERTIFICATE OF COMPLIANCE**

State of Texas
(Domiciliary State of Applicant Company)

Office of Department of Insurance
(Commissioner, Superintendent, Officer)

I, John Carter, hereby certify that I am the Director of Company Licensing & Registration *
(Name) (Position)

of the State of Texas and have supervision of insurance business in said State and as such,

I hereby certify that

Curative Insurance Company
(Name of Applicant Company)

of Round Rock, Texas is duly organized under the laws of said state and
(City/State)

is authorized to transact the business of

Accident, Health, and Life
(Lines of Insurance) **

insurance in this state.

IN TESTIMONY WHEREOF, I have hereunto set my hand at Austin, Texas
(Location)

on February 6, 2023

John Carter
(Signature)

John Carter
(Printed Name)

* Insurance Commissioner, Officer or Superintendent of Insurance authorized to certify to the insurance business within the domiciliary state.

** Lines of Insurance as shown on Form 3 of UCAA



Texas Department of Insurance Certificate of Authority

License no. 13766492

Licensed since: July 18, 2022

Department Certification

Curative Insurance Company
(domestic stock life, health, or accident company)
organized under the laws of the state of Texas

This entity has complied with the laws of the state of Texas, as applicable, and is authorized to transact the following lines of insurance:

Accident, Health, Life

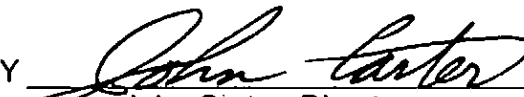
This certificate of authority is in full force and effect until it is revoked, canceled, or suspended according to law.

Given under my hand and official seal of office
in the city of Austin,

July 18, 2022

CASSIE BROWN
COMMISSIONER OF INSURANCE

BY


John Carter, Director

Company Licensing and Registration
Financial Regulation Division
Commissioner's order no. 3632

