

F23000001293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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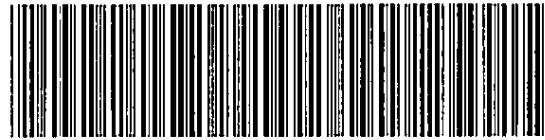
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. ROBERTS

MAR - 6 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Verde 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:

Shannon Monigan

Name of Person

Verde Insurance Company

Firm/Company

1720 W. Rio Salado Parkway

Address

Tempe, AZ 85281

City/State and Zip code

legal.licensing@verdeinsure.com

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

For further information concerning this matter, please call:

Shannon Monigan

at (602) 730-7046

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. Verde 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. 59-6614702
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 10/10/1985 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. On Approval
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 100 Crescent Court, Suite 1100, Dallas, TX 75201
(Principal office street address)
- 1720 W. Rio Salado Parkway, Tempe, AZ 85281
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Corporation Service Company Florida Chief Financial Officer
- Office Address: 1201 Hays Street 200 E. Gaines
Tallahassee, Florida 32301-32399
(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.

Allison Ivey

Assistant Secretary

(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: Mark Sauder
☐ Vice Chairman Address: 1720 W. Rio Salado Parkway,
☒ Director Tempe, AZ 85281
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Steven Johnson
☐ Vice Chairman Address: 1720 W. Rio Salado Parkway,
☒ Director Tempe, AZ 85281
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

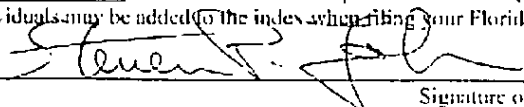
☐ Chairman Name: Richard Ross
☐ Vice Chairman Address: 100 Crescent Court, Ste 1100,
☒ Director Dallas, TX 75201
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Jon Ehlinger
☐ Vice Chairman Address: 1720 W. Rio Salado Parkway
☒ Director Tempe, AZ 85281
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Daniel Gaudreau
☐ Vice Chairman Address: 1720 W. Rio Salado Parkway
☒ Director Tempe, AZ 85281
☐ 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. Steven Johnson
 (Typed or printed name and capacity of person signing application)

Texas Department of Insurance

Amended Certificate of Authority

License no. 94717

Licensed since: March 28, 1997

Department Certification

Verde Insurance Company
(domestic stock casualty 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:

Auto Physical Damage, Automobile Liability, Fidelity & Surety, Inland Marine, Liability Other than Auto, Workers Comp and Emp Liability

This amended 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,

October 28, 2022

CASSIE BROWN
COMMISSIONER OF INSURANCE

BY



John Carter, Director
Company Licensing and Registration
Financial Regulation Division
Commissioner's order no. 3632

