

F230000001424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

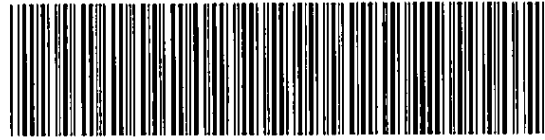
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

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APPROVED
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2023 MAR 10 PM 1:18

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CLERK'S OFFICE
CORPORATIONS
TALLAHASSEE, FLORIDA

2023 MAR 10 PM 1:32

MAR 11 2023

K. Brumley

CT CORP
3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 03/10/2023

Acc#I20160000072

mic DW

Name:	Omaha National Insurance Company
Document #:	
Order #:	14803748

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

licensing@omahanational.com

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **78.75**

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Omaha National 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:

Name of Person

Firm/Company

Address

City/State and Zip code

licensing@omahanational.com

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

For further information concerning this matter, please call:

Name of Person at (844) 761-8400
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**

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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. Omaha National 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. Nebraska 3. 82-1042862
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 03/29/2017 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 9110 W Dodge RD, STE 300, Omaha, NE 68114
(Principal office street address)

PO BOX 451139, OMAHA, NE 68145
(Current mailing address, if different)

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

Name: CHEIF FINANCIAL OFFICER
Office Address: 200 East Gaines Street
Tallahassee FL 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.

By: _____
(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: REAGAN PUFALL
☐ Vice Chairman Address: _____
☒ Director 9110 WEST DODGE RD STE 300
☐ President OMAHA NE 68114
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: BRYAN CONNOLLY
☐ Vice Chairman Address: 9110 WEST DODGE RD
☐ Director STE 300 OMAHA NE 68114
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other CFO ☐ Other _____

☐ Chairman Name: JAMES HEMPEL, JR
☐ Vice Chairman Address: _____
☐ Director 9110 WEST DODGE RD STE 300
☐ President OMAHA NE 68114
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: REAGAN PUFALL
☐ Vice Chairman Address: _____
☐ Director 9110 WEST DODGE RD STE 300
☒ President OMAHA NE 68114
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Beth BOUCHER
☐ Vice Chairman Address: _____
☒ Director 140 Broadway, New York
☐ President NY 10005
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: ATTACHED LIST
☐ 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. /s/ James Hempel, Jr.
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. JAMES HEMPEL, JR, SECRETARY
(Typed or printed name and capacity of person signing application)

Full Name	Title	Business Address
Beth Boucher	Director	140 Broadway, New York, NY 10005
Dennis Chookaszian	Director	5800 Woodlawn, Chicago, IL 60611
Geoffrey Banta	Director	3103 Black Mountain Road, Dahlonega, GA 30533
Nick Davies	Director	10 E Ohio Street, Chicago, IL 60611
Reagan Pufall	President/CEO/Director	9110 West Dodge Road, Omaha, NE 68114
Ryan Moore	Director	56 Wareham Street, Boston, MA 02118
Howard Scott Silverman	Chairman of the Board	10 E Ohio Street, Chicago, IL 60611
Bryan Connolly	Treasurer/CFO	9110 West Dodge Road, Omaha, NE 68114
James Hempel, Jr.	Secretary/General Counsel	9110 West Dodge Road, Omaha, NE 68114

Omaha National Insurance Company

Officers and Directors Details

Name	Title	Address
Reagan Pufall	President/CEO:	9110 W Dodge RD STE 300, Omaha, NE 68114
Bryan Connolly	Treasurer/CFO	9110 W Dodge RD STE 300, Omaha, NE 68114
James Hempel, Jr.	Secretary	9110 W Dodge RD STE 300, Omaha, NE 68114
Howard Scott Silverman	Chairman of the Board	9110 W Dodge RD STE 300, Omaha, NE 68114
Reagan Pufall	Director	9110 W Dodge RD STE 300, Omaha, NE 68114
Mary Boucher	Director	9110 W Dodge RD STE 300, Omaha, NE 68114
Nicholas Davies	Director	9110 W Dodge RD STE 300, Omaha, NE 68114
Geoffrey Banta	Director	9110 W Dodge RD STE 300, Omaha, NE 68114
Dennis Chookaszian	Director	9110 W Dodge RD STE 300, Omaha, NE 68114
Ryan Moore	Director	9110 W Dodge RD STE 300, Omaha, NE 68114

STATE OF NEBRASKA

United States of America, } ss.
State of Nebraska }

Secretary of State
State Capitol
Lincoln, Nebraska

I, Robert B. Evnen, Secretary of State of the
State of Nebraska, do hereby certify that

OMAHA NATIONAL INSURANCE COMPANY

incorporated on March 29, 2017 and is duly incorporated under the law of
Nebraska;

that no occupation taxes due from and assessable against the Corporation are
unpaid and have become delinquent;

that no annual or biennial report required to be forwarded by the
Corporation to the Secretary of State has become delinquent;

that Articles of Dissolution have not been filed.

*This certificate is not to be construed as an endorsement,
recommendation, or notice of approval of the entity's financial
condition or business activities and practices.*

In Testimony Whereof,

I have hereunto set my hand and
affixed the Great Seal of the
State of Nebraska on this date of

February 27, 2023



A handwritten signature in black ink, reading "Robert B. Evnen".

Secretary of State