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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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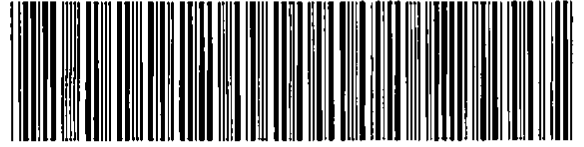
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED

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

ACCOUNT NO. : I20000000195

REFERENCE : 380575 8394762

AUTHORIZATION

COST LIMIT : \$ 70.00

ORDER DATE : January 16, 2023

ORDER TIME : 2:30 PM

ORDER NO. : 380575-165

CUSTOMER NO: 8394762

FOREIGN FILINGS

NAME: VANBRIDGE INSURANCE SOLUTIONS
CORP.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER: _____

**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. Vanbridge Insurance Solutions Corp.
(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. Iowa 3. 42-1103447
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 10/07/1977 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. c/o Edgewood Partners Insurance Center, 1 California Street, Suite 400 San Francisco, CA 94111
(Principal office street address)
- 3000 Executive Parkway, Suite 300 San Ramon, CA 94583
(Current mailing address, if different)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(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.

Corporation Service Company
By: Alexis Weiland-Sorenson, ACP
(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: Philip Moyles, Jr.
☐Vice Chairman Address: _____
☒Director 1140 Avenue of the Americas, 8th Floor
☒President New York, NY 10036
☐Vice President _____
☐Secretary ☐Treasurer
☐Other _____ ☐Other _____

☐Chairman Name: Frank Mammaro
☐Vice Chairman Address: _____
☐Director 499 Washington Blvd., 8th Floor
☐President Jersey City, NJ 07310
☐Vice President _____
☐Secretary ☒Treasurer
☐Other _____ ☐Other _____

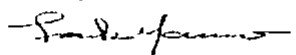
☐Chairman Name: Thomas Bellig
☐Vice Chairman Address: _____
☐Director 3000 Executive Parkway, Suite 325
☐President San Ramon, CA 94583
☒Vice President _____
☐Secretary ☐Treasurer
☐Other _____ ☐Other _____

☐Chairman Name: Jacqueline Beaudet
☐Vice Chairman Address: _____
☐Director 499 Washington Blvd., 8th Floor
☐President Jersey City, NJ 07310
☐Vice President _____
☒Secretary ☐Treasurer
☐Other _____ ☐Other _____

☐Chairman Name: Mitchell Smith
☐Vice Chairman Address: _____
☐Director 225 N.E. Mizner Blvd, Suite 675, 6th FL
☐President Boca Raton, FL 33432
☒Vice President _____
☐Secretary ☐Treasurer
☐Other _____ ☐Other _____

☐Chairman Name: Ewa Skrzypecka-May
☐Vice Chairman Address: _____
☐Director Greenwich American Center
☐President 1 American Lane
☐Vice President Greenwich, CT 06831
☐Secretary ☐Treasurer
☒Other Controller ☐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. Frank Mammaro, Treasurer
(Typed or printed name and capacity of person signing application)

Vanbridge Insurance Solutions Corp.

<u>Officers</u>	<u>Title</u>	<u>Business Address</u>
Philip Moyles, Jr.	President	1140 Avenue of the Americas, 8th Floor New York, NY 10036
Jacqueline Beaudet	Secretary	499 Washington Blvd., 8th Floor Jersey City, NJ 07310
Frank Mammaro	Treasurer	499 Washington Blvd., 8th Floor Jersey City, NJ 07310
Mitchell Smith	Vice President	225 N.E. Mizner Blvd, Suite 675, 6th Floor Boca Raton, FL 33432
Thomas Bellig	Vice President	3000 Executive Parkway, Suite 325 San Ramon, CA 94583
Ewa Skrzypecka-May	Controller	Greenwich American Center 1 American Lane Greenwich, CT 06831
<u>Directors</u>		<u>Business Address</u>
Steve Denton		1 California Street, Suite 400 San Francisco, CA 94111
Philip Moyles, Jr.		1140 Avenue of the Americas, 8th Floor New York, NY 10036
Daniel J. Crawford		2000 Alameda de Las Pulgas, Suite 125 San Mateo, CA 94403
Denise Walsh		17-17 Route 208, Suite 260 Fair Lawn, NJ 07410

**IOWA SECRETARY OF STATE
PAUL D. PATE**



CERTIFICATE OF EXISTENCE

Issue Date: 2/20/2023

Name: VANBRIDGE INSURANCE SOLUTIONS CORP. (490 DP - 29419)

Date of Incorporation: 10/7/1977

Duration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the corporation named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees required under the Iowa Business Corporation Act due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. Articles of dissolution have not been filed.

Certificate ID: **CS264046**

To validate certificates visit:

sos.iowa.gov/ValidateCertificate

A handwritten signature in black ink, reading "Paul D. Pate".

Paul D. Pate, Iowa Secretary of State