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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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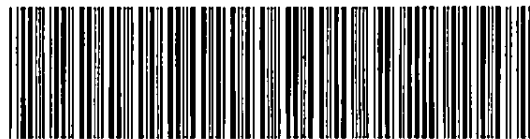
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. ROBERTS

APR 26 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Copperpoint Casualty Insurance

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

Malcolm Wilson

Firm/Company

CopperPoint Casualty Insurance Company

Address

3030 N 3RD ST

City/State and Zip code

PHOENIX AZ 85041

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

For further information concerning this matter, please call:

Malcolm Wilson

at (602) 631-2203

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**

- | | | | |
|--|--|---|---|
| <input checked="" 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. CopperPoint Casualty Insurance Company
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- N/A
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. ARIZONA 3. 26-3637830
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11/09/2008 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 3030 N 3RD ST, PHOENIX AZ 85041
(Principal office street address)
- See above
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Florida Chief Financial Officer
- Office Address: 200 E Games St
Tallahassee, Florida 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.

(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: Marc E. Schmittlem
☐ Vice Chairman Address: 3030 N 3RD ST, PHOENIX AZ 85041
☐ Director 85041
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Kevin M. Kinross
☐ Vice Chairman Address: 3030 N 3RD ST., PHOENIX AZ 85041
☐ Director 85041
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ 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. Kevin M. Kinross
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. Kevin M. Kinross
(Typed or printed name and capacity of person signing application)

Applicant Name: COPPERPOINT CASUALTY INSURANCE COMPANY NAIC No. 13210
FEIN: 26-3637830

Uniform Certificate of Authority Application (UCAA)
CERTIFICATE OF COMPLIANCE

State of ARIZONA Office of DIRECTOR OF INSURANCE AND FINANCIAL INSTITUTIONS
(Domiciliary State of Applicant) (Commissioner, Superintendent, Officer)

I, KURT REGNER, hereby certify that I am the*
(Name)

ASSISTANT DIRECTOR, FINANCIAL AFFAIRS DIVISION of the State of ARIZONA
(Position)

and have supervision of insurance business in said State and as such I hereby certify that

COPPERPOINT CASUALTY INSURANCE COMPANY
(Name of Insurer)

of Phoenix, Arizona is duly organized under the laws of said State and is
(City/State)

authorized to transact the business of CASUALTY WITH WORKERS' COMPENSATION,

PROPERTY, SURETY AND VEHICLE
(Line of Insurance)**

insurance in this State.

IN TESTIMONY WHEREOF, I have hereunto set my hand at PHOENIX, ARIZONA
(Location)

on this 30th day of November, A.D. 2022.
(Month)

Kurt Regner
(Signature)

KURT REGNER
(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