

F230000003484

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

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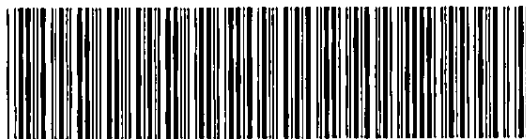
Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

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Office Use Only



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19



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 18, 2023

SUNNY MAYHALL, GENERAL COUNSEL  
PO BOX 84410  
BATON ROUGE, LA 70884-4410 US

SUBJECT: VERSANT CASUALTY INSURANCE COMPANY  
Ref. Number: W23000071836

We have received your document for VERSANT CASUALTY INSURANCE COMPANY and your check(s) totaling \$87.50. 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.

Andrea Andrews  
Regulatory Specialist II

Letter Number: 023A00011411

**RECEIVED**

JUN 07 2023



*Sunny Mayhall*

General Counsel

CELL | 225.229.5896

DIRECT | 225.768.6160

EMAIL | Sunny.Mayhall@theLDSgroup.com

P.O. Box 84410, Baton Rouge, LA 70884-4410

Andrea Andrews, Regulatory Specialist II  
Division of Corporations  
Florida Department of State  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

June 2, 2023

*Via UPS*

Re: Versant Casualty Insurance Company ("VCIC")  
Revised Application by Foreign Corporation For Authorization To Transact Business in Florida  
Ref. Number: W23000071836  
Letter Number: 023A00011411

Dear Andrea:

Enclosed is VCIC's revised application. Please note that Mr. Thomas, VCIC's Chief Financial Officer, has executed the application as the company's registered agent. Additionally, the Department of Financial Services is reflected as the registered office per your instructions. Thank you for your assistance in this matter.

Sincerely,

/s/ Sunny

Sunny Mayhall

**RECEIVED**

JUN 07 2023

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Versant Casualty 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:

Sunny Mayhall, General Counsel

Name of Person

Versant Casualty Insurance Company

Firm/Company

P.O. Box 84410

Address

Baton Rouge, LA 70884-4410

City/State and Zip code

Sunny.Mayhall@theLDSgroup.com

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

For further information concerning this matter, please call:

Sunny Mayhall

at (225) 768-6160

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. Versant Casualty 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. Mississippi 3. 72-1493778  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/20/2000 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. 190 E Capitol St., Suite 800, Jackson, MS 39201  
(Principal office street address)  
PO Box 84410, Baton Rouge, LA 70884-4410  
(Current mailing address, if different)

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

Name: Robert Lee Thomas, Chief Financial Officer  
Office Address: Dept. of Financial Services, 200 E. Gaines St.  
Tallahassee, Florida 32399  
(City) (Zip code)

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TALLAHASSEE

**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: J. Keith Decell  
☐ Vice Chairman Address: 10543 S. Glenstone Place  
☐ Director Baton Rouge, LA 70810  
☒ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Robert Lee Thomas  
☐ Vice Chairman Address: 10543 S. Glenstone Place  
☐ Director Baton Rouge, LA 70810  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☒ Secretary ☒ Treasurer  
☒ Other Chief Financial Officer ☐ Other \_\_\_\_\_

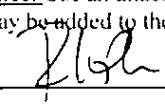
☐ Chairman Name: Robert St. George Tucker Weirn  
☐ Vice Chairman Address: 10543 S. Glenstone Place  
☒ Director Baton Rouge, LA 70810  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Bradford Odell Yarbrough  
☐ Vice Chairman Address: 10543 S. Glenstone Place  
☒ Director Baton Rouge, LA 70810  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Jonathan Tyler Cannon  
☐ Vice Chairman Address: 10543 S. Glenstone Place  
☒ Director Baton Rouge, LA 70810  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: James Waldon Massey  
☐ Vice Chairman Address: 10543 S. Glenstone Place  
☒ Director Baton Rouge, LA 70810  
☐ 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. Robert Lee Thomas  
(Typed or printed name and capacity of person signing application)

## A. DIRECTORS

☐ Chairman Name: Richard Thomas Foley  
☐ Vice Chairman Address: 10543 S. Glenstone Place  
☒ Director Baton Rouge, LA 70810  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Phillip Wayne Moore  
☐ Vice Chairman Address: 10543 S. Glenstone Place  
☒ Director Baton Rouge, LA 70810  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

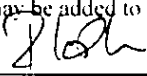
☐ Chairman Name: Otis Wilbert Favre, Jr.  
☐ Vice Chairman Address: 10543 S. Glenstone Place  
☒ Director Baton Rouge, LA 70810  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Lawrence Shepard Searcy, Jr.  
☐ Vice Chairman Address: 10543 S. Glenstone Place  
☒ Director Baton Rouge, LA 70810  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Bruce Cannon Kirk  
☐ Vice Chairman Address: 10543 S. Glenstone Place  
☐ Director Baton Rouge, LA 70810  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Jason Shannon Rasti  
☐ Vice Chairman Address: 10543 S. Glenstone Place  
☐ Director Baton Rouge, LA  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☒ Other Exec. VP ☐ 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. Robert Lee Thomas  
(Typed or printed name and capacity of person signing application)



**Michael Watson**  
SECRETARY OF STATE

Office of the Secretary of State  
Jackson, Mississippi

## Certificate of Good Standing

I, MICHAEL WATSON, Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on the 20th day of December, 2000, the State of Mississippi issued a Charter/Certificate of Authority to:

**VERSANT CASUALTY INSURANCE COMPANY**

That the state of incorporation is Mississippi.

That the period of duration is perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

That insofar as the records of this office are concerned, the said VERSANT CASUALTY INSURANCE COMPANY is in good standing at this time.

Given under my hand and seal of office  
the 25th day of April, 2023

A handwritten signature in black ink that reads "Michael Watson".

Certificate Number: CN23163496

Verify this certificate online at <http://corp.sos.ms.gov/corpcnv/verifycertificate.aspx>



## FILED DOCUMENTS

<i>Description:</i>	<i>Date Filed:</i>
Name Reservation	12/20/2000
Amendment	02/03/2009
Amendment For VERSANT CASUALTY INSURANCE COMPANY	12/22/2017

## OFFICERS AND DIRECTORS

<i>Name:</i>	<i>Address:</i>
RICHARD HOBBS BARKER, III <i>Incorporator</i>	P O BOX 589 HOUMA, LA 70361
JAMES BAILEY ESTABROOK, JR <i>Incorporator</i>	3689 14TH STREET PASCAGOULA, MS 39567
JAMES ALLAN JONES <i>Incorporator</i>	P O BOX 1196 GREENWOOD, MS 38960
DICK STEPHEN TAYLOR <i>Incorporator</i>	P O DRAWER 84380 BATON ROUGE, LA 70884
ROBERT BROWN HOUSE <i>Incorporator</i>	4463 NORTHOVER DRIVE JACKSON, MS 39211
DANNY WAYNE HAMMETT <i>Incorporator</i>	203 D'EVEREAUX NATCHEZ, MS 39120
LARRY DEAN HART <i>Incorporator</i>	P O BOX 6429 BILOXI, MS 39532
ARTHUR JEAN MAURICE OUSTALET III <i>Incorporator</i>	P O BOX 0 GULFPORT, MS 39502
MICHAEL EVANS RYAN <i>Incorporator</i>	P O BOX 1586 HATTIESBURG, MS 39401

## STOCKS

<i>Class</i>	<i>Issued</i>	<i>Authorized</i>	<i>Series</i>
Common	0	0	
Common	0	0	
Common	0	1000000	