

F23000003496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



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MAIL

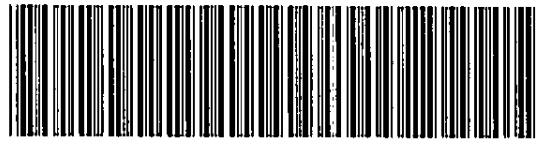
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 13 2023
C. Brumby

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Orion180 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:

Missy Bergman

Name of Person

Orion180 Insurance Services, LLC

Firm/Company

930 S. Harbor City Blvd., Suite 302

Address

Melbourne/FL 32901

City/State and Zip code

regulatory@orion180.com

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

For further information concerning this matter, please call:

Missy Bergman

at (321) 236-3817

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. Orion180 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. Indiana

3. 87-3650715

(State or country under the law of which it is incorporated)

(FBI number, if applicable)

4. 4/14/22

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. 930 S. Harbor City Blvd., Suite 302, Melbourne, FL 32901

(Principal office street address)

(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 East Gaines Street

Tallahassee

(City)

, Florida 32399

(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.

Pursuant to Section 48.151(l), Florida Statutes; all authorized insurers (Insurance Companies) registered to do business in the State of Florida are required to designate the Chief Financial Officer of Florida as their statutory Registered Agent for Service of Process _____
(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]:

2023 JUN 13 PM 6:08

A. DIRECTORS

☐ Chairman Name: Kenneth Gregg
☐ Vice Chairman Address: 930 S. Harbor City Blvd #302
☒ Director Melbourne, FL 32901
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Ryan Jesenik
☐ Vice Chairman Address: 930 S. Harbor City Blvd #302
☒ Director Melbourne, FL 32901
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Craig Darling
☐ Vice Chairman Address: 204 Mar Len Dr.
☒ Director Melbourne Beach, FL 32951
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Christoph Birchler
☐ Vice Chairman Address: 930 S. Harbor City Blvd #302
☒ Director Melbourne, FL 32901
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Mark Casteel
☐ Vice Chairman Address: 930 S. Harbor City Blvd #302
☐ Director Melbourne, FL 32901
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☒ Other General Counsel ☐ Other _____

☐ Chairman Name: Trenton Hahn
☐ Vice Chairman Address: 111 Monument Cir Suite 2700
☒ Director Indianapolis, IN 46204
☐ 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. Mark W Casteel
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. Mark W. Casteel, General Counsel and Secretary
(Typed or printed name and capacity of person signing application)

**State of Indiana
Office of the Secretary of State**

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, DIEGO MORALES, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

ORION180 INSURANCE COMPANY

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on April 14, 2022, and was in existence or authorized to transact business in the State of Indiana on June 08, 2023.

I further certify this Domestic Insurance Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, June 08, 2023

Diego Morales

DIEGO MORALES
SECRETARY OF STATE

202204141585122 / 20233222641

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on July 08, 2023.