

F23000003662

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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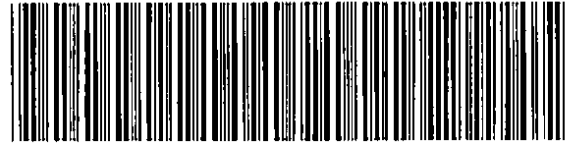
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Special Instructions to Filing Officer:

W23000063799

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LA 1701 1701 1704 1701

2023 MAY 17 AM 10:00

2023 MAY 17 AM 10:00

2023 MAY 17 AM 10:00



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 2, 2023

MALCOLM WILSON  
3030 N 3RD ST.  
PHOENIX, AZ 85012 US

SUBJECT: COPPERPOINT PREMIER INSURANCE COMPANY  
Ref. Number: W23000063799

We have received your document for COPPERPOINT PREMIER INSURANCE COMPANY and your check(s) totaling \$70.00. 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: 323A00009847

**RECEIVED**  
**MAY 17 2023**

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CopperPoint Premier 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:

Malcolm Wilson

Name of Person

CopperPoint Insurance Company

Firm/Company

3030 N 3rd St.

Address

Phoenix, AZ 85012

City/State and Zip code

mwilson@copperpoint.com

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**

☒ \$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. CopperPoint Premier Insurance Company

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Ltd.," "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

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

3. 87-0776614

(FEI number, if applicable)

4. 01/29/2007

(Date of incorporation)

5.

(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 Gaines St

Tallahassee

(City)

, Florida 32399

(Zip code)

FILED  
2023 MAY 17 AM 10:00  
TALLAHASSEE, FL  
SECRETARY OF STATE

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 Schmittlein  
☐ Vice Chairman Address: 3030 N 3rd St.  
☐ Director Phoenix, AZ 85001  
☒ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Kevin Kinross  
☐ Vice Chairman Address: 3030 N 3rd St.  
☐ Director Phoenix, AZ 85001  
☐ 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 Michael Kinross  
(Typed or printed name and capacity of person signing application)

Applicant Name: COPPERPOINT PREMIER INSURANCE COMPANY

NAIC No. 12741

FEIN: 87-0776614

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 PREMIER 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