

F230000005719

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(Address)

(City/State/Zip/Phone #)

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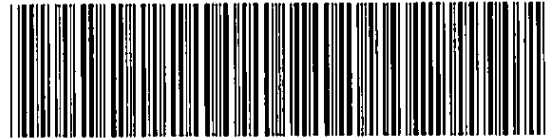
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 2, 2023

MARILYN WALBERG
3030 N 3RD ST
PHOENIX, AZ 85012 US

SUBJECT: PACIFIC COMPENSATION INSURANCE COMPANY
Ref. Number: W23000063778

We have received your document for PACIFIC COMPENSATION 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):

When filing an insurance business you must use the Florida Chief Financial Officer as a registered agent.,

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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: 123A00009846

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pacific Compensation 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

Pacific Compensation Insurance Company

Firm/Company

3030 N 3RD ST

Address

PHOENIX AZ 85041

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. Pacific Compensation 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. CALIFORNIA 3. 02-0635701
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/11/2002 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. 3011 Townsgate Road, Suite 120, Thousands Oaks CA 91361
(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, 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]:

2023 OCT -6 PM 4:04

A. DIRECTORS

☐ Chairman Name: Marc E. Schmittlein
☐ Vice Chairman Address: 3030 N 3RD ST, PHOENIX AZ 85012
☐ 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: Kevin M. Kinross
☐ Vice Chairman Address: 3030 N 3RD ST., PHOENIX AZ 85012
☐ 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)

Fee \$24.00

**STATE OF CALIFORNIA
DEPARTMENT OF INSURANCE
OAKLAND**

Certificate of Compliance

I, Lisa Winfrey, on behalf of the Insurance Commissioner of the State of California, do hereby certify that the

Pacific Compensation Insurance Company

of California, is duly organized under the laws of the State of California, and is licensed by this Department to issue policies and transact the business of

Liability and Workers' Compensation insurance.

The Certificate of Authority is for an indefinite term but shall expire with the expiration or termination of the corporate existence of the holder thereof. Notwithstanding the foregoing, the Certificate of Authority may be suspended, revoked, or surrendered in the manner provided by statute.

IN WITNESS WHEREOF, I have set my hand and caused the official seal of the Insurance Commissioner to be affixed this 8th day of August, 2023.

Ricardo Lara
Insurance Commissioner

By

Lisa Winfrey

Lisa Winfrey



RECEIVED
SEP 26 2023