

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000391872 3)))



H230003918723ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**FOREIGN PROFIT/NONPROFIT CORPORATION
PRESIDENTIAL LIFE INSURANCE COMPANY**

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

H23000391872 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Presidential Life 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:

Edward Herman

Name of Person

Presidential Life Insurance Company

Firm/Company

12621 Featherwood Dr.

Address

Houston, Texas 77034

City/State and Zip code

Eherman@plicvb.com

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

For further information concerning this matter, please call:

Eherman@plicvb.com

at (346) 788-0808

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

H23000391872 3

H23000391872 3

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. Presidential Life 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. Texas 3. 75-0123528
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. February 10, 1955 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)
6. Not yet transacting business in Florida
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 12621 Featherwood Dr., Houston, Texas 77034
(Principal office street address)
12621 Featherwood Dr., Houston, Texas 77034
(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 Street
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]:

H23000391872 3

FILED
 2023 NOV 13 PM 3:30
 SECRETARY OF STATE
 TALLAHASSEE, FL

H23000391872 3

A. DIRECTORS

☒ Chairman Name: Garret Tadda
☐ Vice Chairman Address: 2209 Troon Drive
☒ Director League City, TX 77573
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Russell Patterson
☐ Vice Chairman Address: 1107 West Market Center Drive
☒ Director High Point, NC 27260
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Edward Herman
☐ Vice Chairman Address: 12621 Featherwood Drive, #28
☒ Director Houston, TX 77034
☐ President _____
☐ Vice President _____
☒ Secretary _____ ☐ Treasurer _____
☒ Other CFO _____ ☐ Other _____

☐ Chairman Name: Goldie Platschek
☐ Vice Chairman Address: 211-18 Union Tpke.
☒ Director Queens, NY 11427
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Eric Bach
☐ Vice Chairman Address: 99 Garnsey Road
☒ Director Pittsford, NY 14534
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Evan Klestzick
☐ Vice Chairman Address: 401 Franklin Avenue
☒ Director Garden City, NY 11530
☐ 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. Edward Herman
 (Typed or printed name and capacity of person signing application)

H23000391872 3

H23000391872 3

Attachment

A. DIRECTORS

Miriam Zupnick

Director

Address: 670 FLUSHING AVENUE, BROOKLYN, NY 11206

Jeffrey Schrieber

Director

Address: 1239 EAST 10TH ST., BROOKLYN, NY 11230

H23000391872 3

H23000391872 3

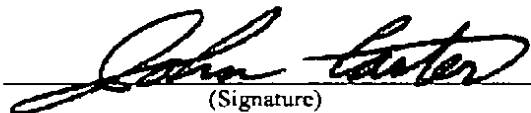
Applicant Company Name: Presidential Life Insurance CompanyNAIC No. 76538FEIN 75-1023528Uniform Certificate of Authority Application (UCAA)
CERTIFICATE OF COMPLIANCEState of Texas
(Domiciliary State of Applicant Company)Office of Department of Insurance
(Commissioner, Superintendent, Officer)I, John Carter, hereby certify that I am the Director of Company Licensing & Registration *
(Name) (Position)of the State of Texas and have supervision of insurance business in said State and as such,
I hereby certify thatPresidential Life Insurance Company
(Name of Applicant Company)of Houston, Texas is duly organized under the laws of said state and
(City/State)

is authorized to transact the business of

Accident, Health, and Life

(Lines of Insurance) **

insurance in this state.

IN TESTIMONY WHEREOF, I have hereunto set my hand at Austin, Texas
(Location)on October 31, 2023
(Signature)John Carter
(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



H23000391872 3