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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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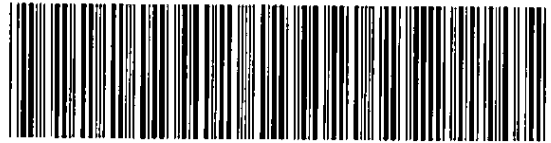
(Business Entity Name)

(Document Number)

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CLERK OF SUPERIOR COURT  
STATE OF NEW YORK

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M. SOLOMON  
NOV 14 2023

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Arch Mortgage Assurance 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:

Jennifer M. Bell, Office Manager

Name of Person

Arch MI

Firm/Company

230 N. Elm St.

Address

Greensboro, NC 27401

City/State and Zip code

staterelations@archmi.com

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

For further information concerning this matter, please call:

Jennifer M. Bell

at (336) 335-7810

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 &    ☐ \$78.75 Filing Fee &    ☐ \$87.50 Filing Fee.

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**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. Arch Mortgage Assurance 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. Wisconsin 3. 95-2621453  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. January 30, 2014 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. Not applicable.  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 230 N. Elm St. Greensboro, NC 27401  
(Principal office street address)

(Current mailing address, if different)

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

Name: Chief Financial Officer

Office Address: 200 East 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.

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
JAN 29 2015

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# A. DIRECTORS

☒ Chairman Name: R. Michael Schmeiser  
☐ Vice Chairman Address: 230 N. Elm St  
☐ Director Greensboro, NC 27401  
☒ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: John E. Gaines  
☐ Vice Chairman Address: 230 N. Elm St  
☒ Director Greensboro, NC 27401  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Thomas H. Jeter  
☐ Vice Chairman Address: 230 N. Elm St  
☒ Director Greensboro, NC 27401  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

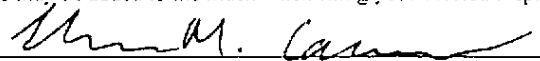
☐ Chairman Name: Cheryl A. Feltgen  
☐ Vice Chairman Address: 230 N. Elm St  
☒ Director Greensboro, NC 27401  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: T. Michael Hitt  
☐ Vice Chairman Address: 230 N. Elm St  
☒ Director Greensboro, NC 27401  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Carl Tyree  
☐ Vice Chairman Address: 230 N. Elm St  
☒ Director Greensboro, NC 27401  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

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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. Theresa M. Cameron, Secretary  
 (Typed or printed name and capacity of person signing application)

Arch Mortgage Assurance Company

Attachment to Application by Foreign Corporation for Authorization to Transact Business in Florida.

11. Additional Officer for indexing:

Theresa M. Cameron, Secretary

230 N. Elm St

Greensboro, NC 27401

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CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE NINTH JUDICIAL CIRCUIT  
IN AND FOR THE STATE OF FLORIDA  
TALLAHASSEE, FLORIDA



Wisconsin Office of the  
COMMISSIONER OF INSURANCE  
FINANCIAL REGULATION

Tony Evers, Governor of Wisconsin  
Nathan Houdek, Commissioner of Insurance

July 13, 2023

To Whom It May Concern:

In the state of Wisconsin, the Office of the Commissioner of Insurance (OCI) serves as the Secretary of State for insurance companies. OCI issues the certificate of incorporation, as well as the certificate of authority for domestic insurance companies. The certificate of authority serves as proof of existence, and the certificate of compliance shows current standing in the state.

As support that the above paragraph is true, please see the enclosed section of the Wisconsin Statutes, specifically Wis. Stat. 611.13 (3), where it states that the commissioner will issue the organization permit and certificate of incorporation for new insurance companies domiciled in Wisconsin and Wis. Stat. 611.20 (2), where it states that the commissioner will issue the certificate of authority.

Unfortunately, certificates of incorporation for many of our companies are no longer available. Please accept the certificate of compliance, combined with the certified certificate of authority as proof of existence in the state of Wisconsin.

Feel free to contact me, or my supervisor, Amy Malm, Administrator of the Division of Financial Regulation, if you have any questions:

Sincerely,

*Mary Sue Gilardi*

Mary Sue Gilardi, CAP  
Records Management Supervisor  
(608) 266-0091  
Marysue.Gilardi@wisconsin.gov

CC: Ms. Amy Malm  
Amy.Malm@wisconsin.gov  
(608) 261-8562

Enclosures



Wisconsin Office of the  
**COMMISSIONER  
OF INSURANCE**

## ***Certificate of Compliance***

As of This Date: July 13, 2023

As Commissioner of Insurance of the State of Wisconsin I have supervision of insurance business and as such hereby certify that:

**Arch Mortgage Assurance Company**

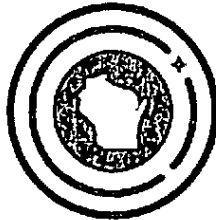
***Domicile State: Wisconsin***

Is duly authorized to transact the business of:

Mortgage Guaranty Insurance

IN TESTIMONY WHEREOF, I have hereunto set my hand.

Commissioner of Insurance



State of Wisconsin  
Office of the Commissioner of Insurance  
P.O. Box 7873  
Madison, Wisconsin 53707-7873

**Certification of the Authenticity of Copy of Document on File**

The Commissioner of Insurance of the State of Wisconsin certifies that the attached copy of

Certificate of Authority (Dated 1/30/2014)

for Arch Mortgage Assurance Company (NAIC CoCode 29114)

is a true and correct copy of the original now on file with the Office of the Commissioner of Insurance.

Dated at Madison, Wisconsin, this 13th day of July, 2023.

A handwritten signature in black ink, appearing to read "J. H. H. H.", positioned above the title "Commissioner of Insurance".

Commissioner of Insurance





# *Certificate of Authority* *State of Wisconsin*

Office of the Commissioner of Insurance

Certificate No.: 12365  
Date Issued: 01/30/14  
License Chapter: 611 Wis. Stat.

This is to Certify, That pursuant to the Insurance Laws of the state of Wisconsin,

*Arch Mortgage Assurance Company*

*Wisconsin*

Has paid the fees and taxes required by law and that it is hereby authorized to transact the business of:

Mortgage Guaranty Insurance

Subject to the following limitations:

**None**

In the state of Wisconsin as long as the insurer continues to conform to the authority granted by this certificate, is in full compliance with all, and not in violation of any, of the applicable laws and lawful requirements made under authority of the laws of the state of Wisconsin.

A stylized, handwritten signature in black ink.

Commissioner of Insurance