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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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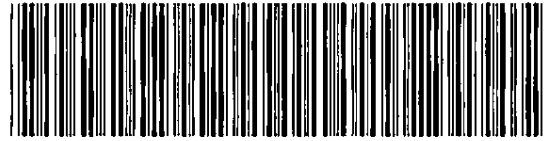
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA  
TALLAHASSEE, FL

2023 AUG 18 PM 3:00

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### COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Terra Insurance Company (A Risk Retention Group)  
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:

Holly Struve

Name of Person

Davies Captive Management

Firm/Company

26 Century Boulevard, Suite NT350

Address

Nashville, TN 37214

City/State and Zip code

regteam@davies-group.com

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

For further information concerning this matter, please call:

Holly Struve

at ( 802 ) 229-5042

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. Terra Insurance Company (A Risk Retention Group)  
(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. Vermont 3. 03-0312906  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 02/19/1988 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. 135 Allen Brook Lane, Suite 101, Williston, VT 05495  
(Principal office street address)

26 Century Boulevard, Suite NT350, Nashville, TN 37214  
(Current mailing address, if different)

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

Name: Hal S. Arditti (Chief Financial Officer)

Office Address: Department of Financial Services - 200 E. Gains Street

Tallahassee, Florida 32399  
(City) (Zip code)

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TALLAHASSEE, FL

**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.*

DocuSigned by:  
Hal Arditti  
AAE564274EC3F49F  
(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: Please see attached D&O List

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 \_\_\_\_\_

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. \_\_\_\_\_  
 Signature of Director or Officer Hal Arditti

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. Hal S. Arditti - Treasurer  
 (Typed or printed name and capacity of person signing application)



State of Vermont  
 Department of Financial Regulation  
 89 Main Street  
 Montpelier, VT 05620-3101  
[www.dfr.vermont.gov](http://www.dfr.vermont.gov)

For consumer assistance  
 [All Insurance] 800-964-1784  
 [Securities] 877-550-3907  
 [Banking] 888-568-4547

IT IS HEREBY CERTIFIED THAT

**Terra Insurance Company (A Risk Retention Group)**

a domestic captive insurance company of Williston, Vermont is authorized to do business in this state and, is reputable, that it is in Good Standing with this Department and their certificate of authority has never been suspended or revoked.

IN WITNESS WHEREOF, I  
 have here unto set my hand,  
 and affixed the official seal  
 of this Department at the City  
 of Montpelier, this 8th day  
 of May, 2023.

SANDRA A. BIGGLESTONE,  
 DEPUTY COMMISSIONER  
 CAPTIVE INSURANCE

CERTIFICATE VALID WITH WATERMARK

# **Terra Insurance Company (A Risk Retention Group)**

## **Officers and Directors List**

### **Officers**

**David L. Coduto** **President / CEO**  
Two Fifer Avenue, Suite 100, Corte Madera, CA 94925  
415/927-2901

**Hal S. Arditti** **Vice President / CFO & Treasurer**  
Two Fifer Avenue, Suite 100, Corte Madera, CA 94925  
415/927-2901

**Forouzandeh Shahab Ferdows** **AVP & Controller**  
Two Fifer Avenue, Suite 100, Corte Madera, CA 94925  
415/927-2901

**Lisa Dyson Gamblin** **VP & Secretary**  
Two Fifer Avenue, Suite 100, Corte Madera, CA 94925  
415/927-2901

### **Directors**

**Kevin B. Hoppe** **Chairman**  
41780 Six Mile Road, Northville, MI 48168-3459  
248/553-6300

**Gary M. DeJidas**  
385 East Waterfront Drive, Homestead, PA 15120-5005  
412/476-2000

**Stewart G. Osgood**  
4686 East Van Buren Street, Suite 175, Phoenix, AZ 85008  
907/562-2000

**Mark K. Kramer**  
43980 Plymouth Oaks Boulevard, Plymouth, MI 48170  
734/454-9900

**David Sauls**  
11955 Lakeland Park Blvd, Suite 100, Baton Rouge, LA 70809  
225/293-3460