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Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (614)573-3996

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

Email Address: KWILCOX@INNOVATIVEUNDERWRITERS.COM

RECEIVED

2024 OCT -4 PM 4:00

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION
INNOVATIVE UNDERWRITERS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

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Corporate Filing Menu

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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. Innovative Underwriters, Inc.
(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. New Jersey 3. 22-1947346
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 09/01/1971 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. Upon Filing
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1800 JFK Blvd., Suite 700, Philadelphia, PA 19103
(Principal office street address)

(Current mailing address, if different)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation FL 33324
(City) (Zip code)

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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.

C T Corporation System SEAN L. EMERICK, ASSISTANT SECRETARY

By: Sean L. Emerick
(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: Leyla Lesina

Vice Chairman Address: _____
1800 JFK Blvd. Suite 700 Philadelphia PA 19103

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Michael Ferik

Vice Chairman Address: _____
1800 JFK Blvd. Suite 700 Philadelphia PA 19103

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Marianne Caswell

Vice Chairman Address: _____
1800 JFK Blvd. Suite 700 Philadelphia PA 19103

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Rose Burachio

Vice Chairman Address: _____
1800 JFK Blvd. Suite 700 Philadelphia PA 19103

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Debra Udicious

Vice Chairman Address: _____
1800 JFK Blvd. Suite 700 Philadelphia PA 19103

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: John Flannigan

Vice Chairman Address: _____
1800 JFK Blvd. Suite 700 Philadelphia PA 19103

Director _____

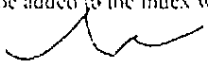
President _____

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

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. Marianne Caswell President _____
(Typed or printed name and capacity of person signing application)

Innovative Underwriters, Inc.
Officers/Directors attachment

Name	Title	Address
Jeffrey Butscher	Chief Compliance Officer	1800 JFK Blvd. Suite 700 Philadelphia PA 19103
Kyle Hooper	Assistant Secretary	1800 JFK Blvd. Suite 700 Philadelphia PA 19103
Harris Oliner	Assistant Secretary	1800 JFK Blvd. Suite 700 Philadelphia PA 19103
Robert D. Grauer	Assistant Secretary	1800 JFK Blvd. Suite 700 Philadelphia PA 19103
Lisa DiMario	Assistant Treasurer	1800 JFK Blvd. Suite 700 Philadelphia PA 19103

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

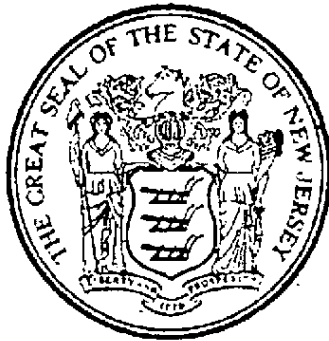
**INNOVATIVE UNDERWRITERS, INC.
3791462000**

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on September 01, 1971.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

*C T CORPORATION SYSTEM
820 BEAR TAVERN ROAD
WEST TRENTON, NJ 08628*



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
2nd day of October, 2024*

*Elizabeth Maher Muoio
State Treasurer*

Certificate Number : 6157683319

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp