

F25000000386

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

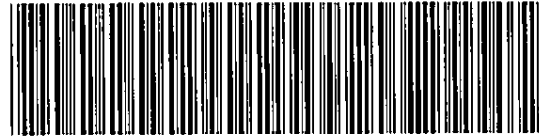
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W25-951

Office Use Only



500441408175

FILED STATE
SECTION OF CORPORATIONS
25 JAN -3 AM 8:29

2022 JAN -3 PM 3:25



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RESUBMIT
Please give original
submission date as file date.

January 4, 2025

CSC

SUBJECT: IMMIGRANT LIFE INSURANCE COMPANY OF AMERICA, INC.
Ref. Number: W25000000951

We have received your document for IMMIGRANT LIFE INSURANCE COMPANY OF AMERICA, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Chapter 628, Florida Statutes, requires all insurers in Florida to list the Chief Financial Officer as their registered agent. The registered office address is: Department of Financial Services, 200 E. Gaines St., Tallahassee, FL 32399.

Also, The certificate provided is missing the verbiage that the entity is currently active, Please see example enclosed.,

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.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 625A00000227

RECEIVED
2025 JUN 17 PM 3:33
TALLAHASSEE, FLORIDA



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations
From: Shauna Godbolt
Ext: x61563
Date: 01/03/25
Order #: 1732089-1
Re: Immigrant Life Insurance Company of America
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$70.0 - FL State Account Number:
120000000195

Certificate of Good Standing from State of Incorporation

A handwritten signature in black ink, appearing to read "Shauna Godbolt", is written over the text of the enclosed items.

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IMMIGRANT LIFE INSURANCE COMPANY OF AMERICA, INC.

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:

Marni Silverstein

Name of Person

c/o Immigrant Life Insurance Company of America, Inc.

Firm/Company

520 Broad Street

Address

Newark, NJ 07102

City/State and Zip code

marni.silverstein@idt.net

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

For further information concerning this matter, please call:

Marni Silverstein

973

438-4496

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. IMMIGRANT LIFE INSURANCE COMPANY OF AMERICA, 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. CONNECTICUT 3. 99-1853624
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 2/2/2024 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. 520 BROAD STREET, NEWARK, NJ 07102
(Principal office street address)

(Current mailing address, if different)

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

Name: Florida's 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.

Florida's Chief Financial Officer

By: _____
(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]:

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS
25 JAN -3 AM 8:29

A. DIRECTORS

☐ Chairman Name: DANIEL JONAS
☐ Vice Chairman Address: 520 BROAD STREET
☒ Director NEWARK, NJ 07102
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: JOSH HERSHMAN
☐ Vice Chairman Address: 520 BROAD STREET
☒ Director NEWARK, NJ 07102
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other CEO ☐ Other _____

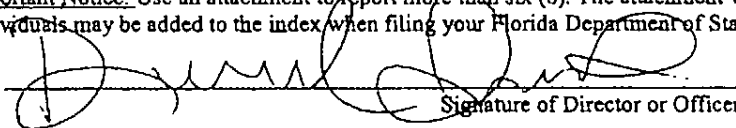
☒ Chairman Name: LIORE ALROY
☐ Vice Chairman Address: 520 BROAD STREET
☐ Director NEWARK, NJ 07102
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: HOWARD JONAS
☒ Vice Chairman Address: 520 BROAD STREET
☐ Director NEWARK, NJ 07102
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: STEPHANIE GREENE
☐ Vice Chairman Address: 520 BROAD STREET
☐ Director NEWARK, NJ 07102
☐ 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

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. DANIEL JONAS, PRESIDENT
(Typed or printed name and capacity of person signing application)

QUAL-54773

Office of the Secretary of the State of Connecticut

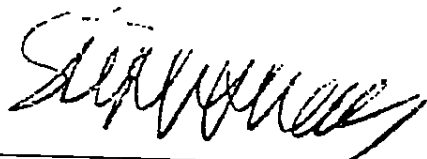
I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO HEREBY CERTIFY, that

Immigrant Life Insurance Company of America

a Connecticut Insurance Stock Corporation was filed in this office on February 2, 2024.

A certificate of amendment for THE BOSS LIFE INSURANCE COMPANY OF NORTH AMERICA, changing its name to Immigrant Life Insurance Company of America, was filed on July 31, 2024 at 8:30 am.

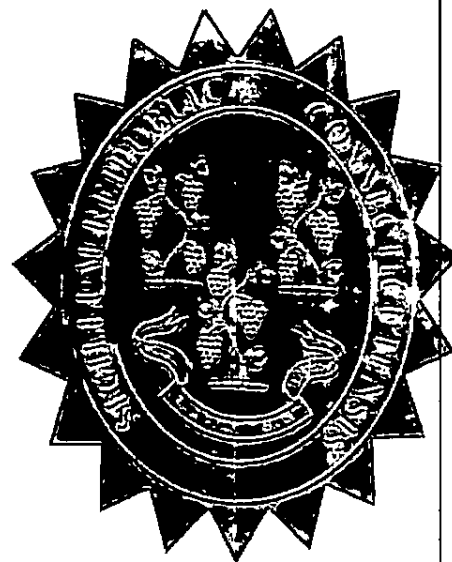
A certificate of dissolution has not been filed, and so far as indicated by the records of this office such corporation is in existence.



Secretary of the State

Date Issued: January 09, 2025

/ns



Power of Attorney for Florida

Power of Attorney

Designation of Chief Financial Officer as Agent for Service of Process

To: Florida Chief Financial Officer

From: Immigrant Life Insurance Company of America

Pursuant to Fla. Stat. §§ 624.422 and 48.151, Immigrant Life Insurance Company of America ("the Company"), a corporation organized under the laws of the State of Connecticut, hereby appoints the Chief Financial Officer of the State of Florida ("CFO") as its true and lawful attorney-in-fact to receive service of process on behalf of the Company for any legal proceedings arising out of its business in the State of Florida.

The Company agrees that service upon the CFO shall be valid and binding as if served directly upon the Company, and authorizes the CFO to forward any such process to the Company at the following address:

Josh Hershman
CEO
520 Broad Street
Newark, NJ 07102
josh.hershman@idt.net
973-438-1000

This appointment shall remain in full force and effect until revoked in writing and in accordance with applicable laws and regulations.

Executed this 8th of January, 2025

By:

Josh Hershman
CEO

Immigrant Life Insurance Company of America
11 Largo Drive
Stamford, CT 06907

Notarization:

State of Connecticut
County of New Haven

Subscribed and sworn to before me this 8th of January, 2025, by Josh Hershman, CEO, on behalf of Immigrant Life Insurance Company of America.

Notary Public Signature:

Commission Number:

My Commission Expires:

BRITTANY TURKAL
NOTARY PUBLIC OF CONNECTICUT
My Commission Expires 1/31/2028