

F25000001487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

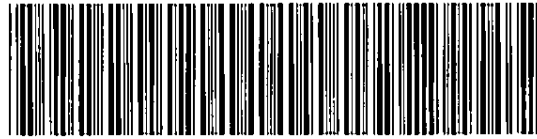
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W25-32485

Office Use Only



700445666547

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
25 MAR 10 AM 8:25

RECEIVED  
2025 MAR 10 AM 11:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 11, 2025

CSC

**RESUBMIT**  
Please give original  
submission date as file date.

SUBJECT: TRI POINTE ASSURANCE, INC.  
Ref. Number: W25000032485

We have received your document for TRI POINTE ASSURANCE, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

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 .

Emani D Manning  
Regulatory Specialist II

Letter Number: 725A00005226

RECEIVED  
2025 MAR 13 PM 12:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations  
From: Amanda Miller  
Ext: x62969  
Date: 03/10/25  
Order #: 1861528-3  
Re: Tri Pointe Assurance, Inc.  
Processing Method: Routine

A handwritten signature in black ink, appearing to read "Amanda Miller", is written over the routing information.

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority  
Amount to be deducted from our State Account: \$87.50 - FL State Account Number:  
120000000195  
Certificate of Good Standing from State of Incorporation

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:** Tri Pointe Assurance, 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:

Matthew Susson

\_\_\_\_\_  
Name of Person

Tri Pointe Homes, Inc.

\_\_\_\_\_  
Firm/Company

3161 Michelson Drive, Suite 1500

\_\_\_\_\_  
Address

Irvine, CA 92612

\_\_\_\_\_  
City/State and Zip code

legal@tripointehomes.com

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

For further information concerning this matter, please call:

Connor Paone

949

4381426

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_  
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. Tri Pointe Assurance, 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. Texas 3. 47-2065263  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 10/01/2014 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. 3161 Michelson Drive, Suite 1500, Irvine, CA 92612  
(Principal office street address)
- \_\_\_\_\_  
(Current mailing address, if different)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301  
(City) (Zip code)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
25 MAR 10 AM 8:25

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.*

Corporation Service Company

By: Shauna Godbolt

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: Douglas F. Bauer  
☐ Vice Chairman Address: 3161 Michelson Drive  
☒ Director Suite 1500  
☐ President Irvine, CA 92612  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Thomas J. Mitchell  
☐ Vice Chairman Address: 3161 Michelson Drive  
☒ Director Suite 1500  
☒ President Irvine, CA 92612  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

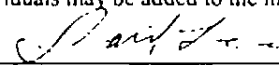
☐ Chairman Name: Glenn J. Keeler  
☐ Vice Chairman Address: 3161 Michelson Drive  
☒ Director Suite 1500  
☐ President Irvine, CA 92612  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☒ Treasurer  
☒ Other Chief Financial Officer ☐ Other \_\_\_\_\_

☐ Chairman Name: David C. Lee  
☐ Vice Chairman Address: 3161 Michelson Drive  
☐ Director Suite 1500  
☐ President Irvine, CA 92612  
☒ Vice President \_\_\_\_\_  
☒ Secretary ☐ Treasurer  
☒ Other General Counsel ☐ Other \_\_\_\_\_

☐ Chairman Name: Deborah L. Lyons  
☐ Vice Chairman Address: 3161 Michelson Drive  
☐ Director Suite 1500  
☐ President Irvine, CA 92612  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☒ Other Escrow Manager ☐ Other \_\_\_\_\_

☐ Chairman Name: Jill M. Kayser  
☐ Vice Chairman Address: 3161 Michelson Drive  
☐ Director Suite 1500  
☐ President Irvine, CA 92612  
☒ 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. David C. Lee - Vice President, General Counsel, and Secretary  
(Typed or printed name and capacity of person signing application) QUAL-228371

Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



Jane Nelson  
Secretary of State

## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for TRI Pointe Assurance, Inc. (file number 802080065), a Domestic For-Profit Corporation, was filed in this office on October 01, 2014.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on March 07, 2025.



A handwritten signature in black ink, reading "Jane Nelson".

Jane Nelson  
Secretary of State