F25000002910

(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:

W25000057134

Office Use Only

700443542757

APPROVED AND FILED
2025 APR 24 PM 1:14
[illegible]

RECEIVED
2025 APR 24 AM 10:10
[illegible]

MAY 16 2025

K. Brumbley

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 14, 2025

SUNSHINE

CORRECTED
Please Allow For
Same File Date

SUBJECT: EYEMED INSURANCE COMPANY
Ref. Number: W25000057134

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

You failed to make the correction(s) requested in our previous letter.

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.

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.

Corey Pettway
Regulatory Specialist II

Letter Number: 025A00010464

RECEIVED
2025 MAY 15 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312
(850) 656-4724

DATE 04/24/2025

WALK IN

ENTITY NAME EYEMED INSURANCE COMPANY

DOCUMENT NUMBER _____

PLEASE FILE THE ATTACHED AND RETURN

XXXXXXXXX	*Plain Copy*
_____	*Certified Copy*
_____	*Certificate of Status*
_____	_____

PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY

_____	*Certified Copy of Arts & Amendments*
_____	*Certificate of Good Standing*
_____	_____

APOSTILLE' / NOTARIAL CERTIFICATION

COUNTRY OF DESTINATION _____
NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED $70.00

ACCOUNT #: I20160000072

Please call Tina at the above number for any issues or concerns. ***Thank you*** *so much!*

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. EYEMED INSURANCE 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. ARIZONA
(State or country under the law of which it is incorporated)

3. 27-1595679
(FEI number, if applicable)

4. 12/10/2009
(Date of incorporation)

5.
(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. 4000 LUXOTTICA PLACE MASON, OH 45040
(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-Dept of Financial Servic

Office Address: 200 E. Gaines Street

Tallahassee (City), Florida 32399 (Zip code)

APPROVED AND FILED
2025 APR 24 PM 1:14

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.

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: SARA FRANCESCUTTO
☐Vice Chairman Address: 1 WEST 37TH STREET
■Director NEW YORK, NY 10018
☐President
☐Vice President
☐Secretary ☐Treasurer
■Other CFO ☐Other

☐Chairman Name: JASON ROME
☐Vice Chairman Address: 4000 LUXOTTICA PLACE
■Director MASON, OH 45040
☐President
☐Vice President
☐Secretary ☐Treasurer
■Other SR. VP ☐Other

☐Chairman Name: HECTOR RINCON
☐Vice Chairman Address: 4000 LUXOTTICA PLACE
■Director MASON,OH 45040
☐President
■Vice President
☐Secretary ☐Treasurer
☐Other ☐Other

☐Chairman Name: CATHY HOLLEY
☐Vice Chairman Address: 4000 LUXOTTICA PLACE
■Director MASON, OH 45040
☐President
☐Vice President
■Secretary ☐Treasurer
■Other SR. VP ☐Other

☐Chairman Name: MATT MACDONALD
☐Vice Chairman Address: 4000 LUXOTTICA PLACE
☐Director MASON, OH 45040
■President
☐Vice President
☐Secretary ☐Treasurer
☐Other ☐Other

☐Chairman Name: MICAH STULBERG
☐Vice Chairman Address: 4000 LUXOTTICA PLACE
☐Director MASON, OH 45040
☐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. Cathy E. Holley
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. Cathy Holley, Senior Vice President and Secretary
(Typed or printed name and capacity of person signing application)

STATE OF ARIZONA

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS

CERTIFICATE OF AUTHORIZATION AND DEPOSIT

I, KURT REGNER, Deputy Assistant Director of the Department of Insurance and Financial Institutions for the State of Arizona, do hereby certify that

EYEMED INSURANCE COMPANY
Domiciled in Arizona
NAIC NO. 14421

is duly organized under the laws of the State of ARIZONA and is authorized, subject to the provisions thereof and the charter powers of said company, to transact the following kinds of insurance business:

DISABILITY

within the State of Arizona unless surrendered, suspended or revoked by the Director of Insurance and Financial Institutions.

I FURTHER CERTIFY that said company, as of the effective date of this certificate had on deposit with the Treasurer of the State of Arizona, as evidenced by the records of this office, securities in the amount of:

$554,000.00

for the protection of all the insurer's policyholders within the United States, and

$0.00

for purposes required by the laws of other states pursuant to A.R.S.§20-582(2).

In TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Director of Insurance and Financial Institutions at the City of Phoenix. The effective date of this certificate is April 21, 2025.

Kurt Regner, Deputy Assistant Director
Financial Affairs Division

Applicant Company Name: EyeMed Insurance Company NAIC No. 14421
FEIN: 27-1595679

Uniform Certificate of Authority Application (UCAA)
Uniform Consent to Service of Process

x Original Designation _____ Amended Designation
(must be submitted directly to states)

Applicant Company Name: EyeMed Insurance Company

Previous Name (if applicable): _____

Statutory Home Office Address: 4000 Luxottica Place

City, State, Zip: Mason, OH 45040 NAIC CoCode: 14421

The Applicant Company named above, organized under the laws of Arizona, and regulated under the laws of Arizona for purposes of complying with the laws of the State(s) designate hereunder relating to the holding of a certificate of authority or the conduct of an insurance business within said State(s), pursuant to a resolution adopted by its board of directors or other governing body, hereby irrevocably appoints the officers of the State(s) and their successors identified in Exhibit A, or where applicable appoints the required agent so designated in Exhibit A hereunder as its attorney in such State(s) upon whom may be served any notice, process or pleading as required by law as reflected on Exhibit A in any action or proceeding against it in the State(s) so designated; and does hereby consent that any lawful action or proceeding against it may be commenced in any court of competent jurisdiction and proper venue within the State(s) so designated; and agrees that any lawful process against it which is served under this appointment shall be of the same legal force and validity as if served on the entity directly. This appointment shall be binding upon any successor to the above named entity that acquires the entity's assets or assumes its liabilities by merger, consolidation or otherwise; and shall be binding as long as there is a contract in force or liability of the entity outstanding in the State. The entity hereby waives all claims of error by reason of such service. The entity named above agrees to submit an amended designation form upon a change in any of the information provided on this power of attorney.

Applicant Company Officers' Certification and Attestation

One of the two Officers (listed below) of the Applicant Company must read the following very carefully and sign:

1. I acknowledge that I am authorized to execute and am executing this document on behalf of the Applicant Company.

2. I hereby certify under penalty of perjury under the laws of the applicable jurisdictions that all of the forgoing is true and correct, executed at Mason, OH.

_____ _____
Date Signature of President

_____
Full Legal Name of President

May12, 2025 _____
Date Signature of Secretary

Cathy Holley
Full Legal Name of Secretary

Uniform Certificate of Authority (UCAA)
Uniform Consent to Service of Process
Exhibit A

Place an "X" before the names of all the States for which the person executing this form is appointing the designated agent in that State for receipt of service of process:

___	AL	Commissioner of Insurance # and Resident Agent*	__	MO	Director of Insurance #
___	AK	Director of Insurance #	__	MT	Resident Agent*
___	AZ	Director of Insurance # ^	__	NE	Officer of Company* or Resident Agent* (circle one)
___	AR	Resident Agent *	__	NH	Commissioner of Insurance #
___	AS	Commissioner of Insurance #	__	NV	Commissioner of Insurance Commission # ^
___	CO	Resident Agent*	__	NJ	Commissioner of Banking and Insurance #^
___	CT	Commissioner of Insurance #	__	NM	Superintendent of Insurance #
___	DE	Commissioner of Insurance #	__	NY	Superintendent of Financial Services #
___	DC	Commissioner of Insurance and Securities Regulation # or Local Agent* (circle one)	__	NC	Commissioner of Insurance
_x_	FL	Chief Financial Officer # ^	__	ND	Commissioner of Insurance # ^
___	GA	Commissioner of Insurance and Safety Fire # and Resident Agent*	__	OH	Resident Agent*
___	GU	Commissioner of Insurance #	__	OR	Resident Agent*
___	HI	Insurance Commissioner # and Resident Agent*	__	OK	Commissioner of Insurance #
___	ID	Director of Insurance # ^	__	PR	Commissioner of Insurance #
___	IL	Director of Insurance #	__	RI	Superintendent of Insurance ^
___	IN	Resident Agent* ^	__	SC	Director of Insurance #
___	IA	Commissioner of Insurance #	__	SD	Director of Insurance # ^
___	KS	Commissioner of Insurance ^	__	TN	Commissioner of Insurance #
___	KY	Secretary of State #	__	TX	Resident Agent*
___	LA	Secretary of State #	__	UT	Resident Agent* ^
___	MD	Insurance Commissioner #	__	VT	Resident Agent*
___	ME	Resident Agent* ^	__	VI	Lieutenant Governor/Commissioner#
___	MI	Resident Agent *	__	WA	Insurance Commissioner #
___	MN	Resident Agent ~	__	WV	Secretary of State #
___	MS	Commissioner of Insurance and Resident Agent* BOTH are required.	__	WY	Commissioner of Insurance #

\# For the forwarding of Service of Process received by a State Officer complete Exhibit B listing by state the entities (one per state) with **full name and address where service of process is to be forwarded**. Use additional pages as necessary. Exhibit not required for New Jersey, and North Carolina. Florida accepts only an individual as the entity and requires an email address. New Jersey allows but does not require a foreign insurer to designate a specific forwarding address on Exhibit B. SC will not forward to an individual by name; however, it will forward to a position, e.g., Attention: President (or Compliance Officer, etc.). Washington requires an email address on Exhibit B.

* Attach a completed Exhibit B listing the Resident Agent for the Applicant Company (one per state). Include state name, Resident Agent's **full name and street address**. Use additional pages as necessary. (DC* requires an agent within a ten-mile radius of the District). (MT requires an agent to reside or maintain a business in MT).

^ Initial pleadings only.

MA will send the required form to the Applicant Company when the approval process reaches that point.

~ Minnesota does not forward Service of Process. Service of Process must be accomplished using the procedures set forth in MN Stat. § 45.028. Applicant Company should complete Exhibit B to provide a resident agent address that Commerce will keep on file. Resident agent must have a Minnesota address.

Exhibit A

Uniform Certificate of Authority
(UCAA) Uniform Consent to Service of
Process Exhibit B

Complete for each state indicated in Exhibit A:

State: FL Name of Entity: Amy Shirley on behalf of EyeMed Insurance Company

Phone Number: 513-765-6326 Fax Number:

Email Address: alumpkin@luxotticaretail.com

Mailing Address: 4000 Luxottica Place Mason, OH 45040

Street Address: 4000 Luxottica Place Mason, OH 45040

State: Name of Entity:

Phone Number: Fax Number:

Email Address:

Mailing Address:

Street Address:

State: Name of Entity:

Phone Number: Fax Number:

Email Address:

Mailing Address:

Street Address:

State: Name of Entity:

Phone Number: Fax Number:

Email Address:

Mailing Address:

Street Address:

State: Name of Entity:

Phone Number: Fax Number:

Email Address:

Mailing Address:

Street Address:

Resolution Authorizing Appointment of Attorney

BE IT RESOLVED by the Board of Directors or other governing body of

EyeMed Insurance Company .
(Applicant Company Name)

this 12th day of May , 20 25 , that the President or Secretary of said entity be and are hereby authorized by the Board of Directors and directed to sign and execute the Uniform Consent to Service of Process to give irrevocable consent that actions may be commenced against said entity in the proper court of any jurisdiction in the state(s) of

Florida

in which the action shall arise, or in which plaintiff may reside, by service of process in the state(s) indicated above and irrevocably appoints the officer(s) of the state(s) and their successors in such offices or appoints the agent(s) so designated in the Uniform Consent to Service of Process and stipulate and agree that such service of process shall be taken and held in all courts to be as valid and binding as if due service had been made upon said entity according to the laws of said state.

CERTIFICATION:

I, Cathy Holley , Secretary of

EyeMed Insurance Company ,
(Applicant Company Name)

state that this is a true and accurate copy of the resolution adopted effective the 8th day of May , 20 25 by the Board of Directors or governing board ~~at a meeting held on the _____ day of _____, 20____ or~~ by written consent dated 8th day of May , 20 25.

Date May 12, 2025

Cathy E. Holley
Secretary