

F25000004907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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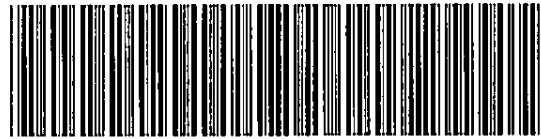
(Business Entity Name)

(Document Number)

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K. Brumbley

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Accident Insurance Company, 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:

Jeff Rainey

Name of Person

Strickland Law, PLLC

Firm/Company

2205 Croydon Dr.

Address

Tallahassee, FL 32303

City/State and Zip code

leatrice.geckler@accinsco.com

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

For further information concerning this matter, please call:

Jeff Rainey

at (850) 294-8859

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. Accident Insurance Company, 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 Mexico 3. 61-1440952
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/06/2002 5. perpetual
(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. 2155 Louisiana Blvd. NE, Suite 2100, Albuquerque, NM 87110
(Principal office street address)

2155 Louisiana Blvd. NE, Suite 2100, Albuquerque, NM 87110
(Current mailing address, if different)

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

Name: Chief Financial Officer State of Florida

Office Address: 200 E. Gaines Street

Tallahassee, Florida 32399
(City) (Zip code)

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TALLAHASSEE
FLORIDA

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: William Arowood
☐ Vice Chairman Address: 2155 Louisiana Blvd NE
☒ Director Suite 2100
☒ President Albuquerque, NM 87110
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other CEO ☐ Other _____

☐ Chairman Name: Katheryne Heath
☐ Vice Chairman Address: 2155 Louisiana Blvd NE
☐ Director Suite 2100
☐ President Albuquerque, NM 87110
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Officer ☐ Other _____

☐ Chairman Name: John Franchini
☐ Vice Chairman Address: 2155 Louisiana Blvd NE
☒ Director Suite 2100
☐ President Albuquerque, NM 87110
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Robert Arowood
☐ Vice Chairman Address: 2155 Louisiana Blvd NE
☒ Director Suite 2100
☐ President Albuquerque, NM 87110
☐ Vice President _____
☒ Secretary ☒ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Morris Chavez
☐ Vice Chairman Address: 2155 Louisiana Blvd NE
☒ Director Suite 2100
☐ President Albuquerque, NM 87110
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Douglas Sizemore
☐ Vice Chairman Address: 2155 Louisiana Blvd NE
☒ Director Suite 2100
☐ President Albuquerque, NM 87110
☐ 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. Katheryne Heath
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. Katheryne Heath - Officer
(Typed or printed name and capacity of person signing application)

Florida Foreign Corporation Registration

Item 11: Attachment listing additional Director that did not fit on the form:

Title: Director

Name: Lonnie Talbert

Address: 2155 Louisiana Blvd, NE, Suite 2100, Albuquerque, NM 87110

STATE OF NEW MEXICO
OFFICE OF THE SECRETARY OF STATE

Certificate of Existence

The undersigned Secretary of State for the State of New Mexico
does hereby confirm that the entity is registered with the below
status in the state of New Mexico

Accident Insurance Company, Inc.

Domestic Profit Corporation

New Mexico

Active

August 27, 2025

Maggie Toulouse Oliver

MAGGIE TOULOUSE OLIVER

Secretary of State