

46

00007C

(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:

Office Use Only



500358602095

01/22/21--01001--002 4495.00

סד

JAN 21 PM 2:58

11/11/11

R. WHITE  
JAN 22 1961



## Filing Cover Sheet

To: Florida Division of Corporations

From: TAYLOR SEAY C/O Capitol Services, Inc.

Date: 1/19/2021

Trans#: 1176597

**Entity Name:** BENEFIT CAPTIVE-RE-LLC (FL) CONVERTING INTO BENEFIT CAPTIVE RE  
LLC (IA)

Articles Incorporation ( )

Articles of Dissolution ( )

Conversion (XX)

Foreign Qualification ( )

Limited Partnership ( )

Reinstatement ( )

Other ( )

Articles of Amendment ( )

Annual Report ( )

Fictitious Name ( )

Limited Liability ( )

Merger ( )

Withdrawal / Cancellation ( )

STATE FEES PREPAID WITH CHECK#2070 FOR \$55.00

### PLEASE RETURN:

Certified Copy (XX)

Plain Photocopy ( )

Good Standing ( )

Certificate of Fact ( )

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Benefit Captive Re LLC

\_\_\_\_\_  
Name of Florida Limited Liability Company

The enclosed Articles of Conversion and fee(s) are submitted to convert a Florida Limited Liability Company" into an "Other Business Entity" in accordance with s.605.1045, F.S.

Please return all correspondence concerning this matter to:  
Amy Pellegrin

\_\_\_\_\_  
Contact Person  
Benefit Captive Re LLC

\_\_\_\_\_  
Firm/Company  
506 3rd Street

\_\_\_\_\_  
Address  
Des Moines, Iowa 50309

\_\_\_\_\_  
City, State and Zip Code

apellegrin@claim-doc.com

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

For further information concerning this matter, please call:

Amy Pellegrin 888 330-7295 (Ext. 5015)

\_\_\_\_\_  
Name of Contact Person at (\_\_\_\_\_) \_\_\_\_\_  
Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee  
and Certificate of  
Status

☐ \$55.00 Filing Fee  
and Certified Copy

☐ \$60.00 Filing Fee,  
Certified Copy, and  
Certificate of Status

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

CR2E106 (05/17)

**Articles of Conversion**  
For  
**Florida Limited Liability Company**  
Into  
**"Converted or Other Business Entity"**

2020 12 31 11:25

The Articles of Conversion is submitted to convert the following **Florida Limited Liability Company** into an **"Other Business Entity"** in accordance with s. 605.1045, Florida Statutes.

1. The name of the Florida Limited Liability Company converting into the "Other Business Entity" is:  
**Benefit Captive Re LLC**

\_\_\_\_\_  
Enter Name of Florida Limited Liability Company

2. The name of the "Converted or Other Business Entity" is:  
**Benefit Captive Re LLC**

\_\_\_\_\_  
Enter Name of "Converted or Other Business Entity"  
**limited liability company**

3. The "Converted or Other Business Entity" is a \_\_\_\_\_  
(Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)

**Iowa**

organized, formed or incorporated under the laws of \_\_\_\_\_  
(Enter state, or if a non-U.S. entity, the name of the country)

The formation document is attached (if applicable).

4. The plan of conversion was approved by the converting Florida Limited Liability Company in accordance with Chapter 605, F.S.

**December 31 , 2020**

5. This conversion shall be effective in Florida on: \_\_\_\_\_  
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date of the conversion under the laws governing the "Other Business Entity.")

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

6. If the "Converted or Other Business Entity" is an out-of-state entity not registered to transact business in Florida, the "Converted or Other Business Entity":

a.) Lists the following street and mailing address of an office the Florida Department of State may send and process served on the department pursuant to 605.0117 and Chapter 48.

506 3rd Street, Suite 200

Street Address:

Des Moines, Iowa 50309

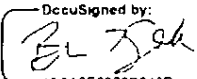
506 3rd Street, Suite 200

Mailing Address:

Des Moines, Iowa 50309

7. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 31 day of December 2020

Signature:    
 16 2A056279D0643D

Must be signed by a Member or Authorized Representative

Printed Name: Ben Krambeck Title: CEO

**Fees:** Filing Fee: \$25.00  
Certified Copy: \$30.00 (Optional)  
Certificate of Status: \$5.00 (Optional)