

F24000003471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

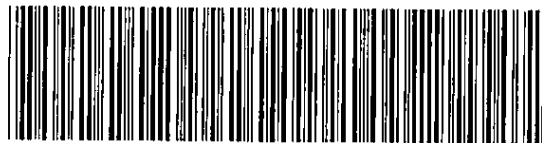
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200431049162

2024 JUN 27 PM 9:08

RECEIVED

2024 JUN 27 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

To: Department Of State, Division Of Corporations
From: Shauna Godbolt
Ext:
Date: 06/26/24
Order #: 1543716-1
Re: Robert G. Relph Agency, Inc.
Processing Method: Routine

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:
I20000000195

Certificate of Good Standing from State of Incorporation

A handwritten signature in cursive script, appearing to read 'Shauna Godbolt', is written over the text '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: Robert G. Relph Agency, 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:

JESSECA WATSON

Name of Person

ALERA GROUP, INC

Firm/Company

3 PARKWAY NORTH, SUITE 500

Address

DEERFIELD, IL 60015

City/State and Zip code

JESSECA.WATSON@ALERAGROUP.COM

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

For further information concerning this matter, please call:

Jessica Watson at (331) 442-1127
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. Robert G. Relph Agency, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- Robert G Relph Insurance Agency Inc
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. New York 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. June 24, 1982 5. Perpetual
(Date of incorporation) (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. 400 Willowbrook Office Park, Suite 400, Fairport, NY 14450
(Principal office street address)
- 3 Parkway North Blvd., Suite 500 Deerfield, IL 60015
(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)

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.

2024 JUN 27 PM 8:08

A. DIRECTORS

☐ Chairman Name: Alan Levitz

☐ Vice Chairman Address: Three Parkway North Blvd

☒ Director Suite 500

☐ President Deerfield, IL 60015

☐ Vice President _____

☐ Secretary _____ ☐ Treasurer _____

☒ Other CEO _____ ☐ Other _____

☐ Chairman Name: James Blue

☐ Vice Chairman Address: 30 Federal St

☐ Director Boston, MA 02110

☒ President _____

☐ Vice President _____

☐ Secretary _____ ☐ Treasurer _____

☐ Other _____ ☐ Other _____

☐ Chairman Name: Peter J. Marathas, Jr.

☐ Vice Chairman Address: 410 N. Michigan Ave.

☐ Director 12th Floor

☐ President Chicago, IL 60611

☒ Vice President _____

☒ Secretary _____ ☐ Treasurer _____

☒ Other CLO _____ ☐ Other _____

☐ Chairman Name: Brian Caracciolo

☐ Vice Chairman Address: Three Parkway North Blvd

☐ Director Suite 500

☐ President Deerfield, IL 60015

☐ Vice President _____

☐ Secretary _____ ☐ Treasurer _____

☒ Other CFO _____ ☐ Other _____

☐ Chairman Name: William Corrigan

☐ Vice Chairman Address: Three Parkway North Blvd

☐ Director Suite 500

☐ President Deerfield, IL 60015

☐ Vice President _____

☐ Secretary _____ ☐ Treasurer _____

☒ Other COO _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

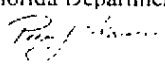
☐ President _____

☐ 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. Peter J. Marathas, Jr., Authorized Person
(Typed or printed name and capacity of person signing application)

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	ROBERT G. RELPH AGENCY, INC.
DOS ID Number:	778051
Entity Type:	DOMESTIC BUSINESS CORPORATION
Entity Status:	EXISTING
Date of Initial Filing with DOS:	06/24/1982
Statement Status:	CURRENT
Statement Due Date:	06/30/2026

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State,
at the City of Albany, on June 25, 2024 at 01:51 P.M.

WALTER T. MOSLEY
Secretary of State

BRENDAN C. HUGHES
Executive Deputy Secretary of State