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From: David Thomas

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Florida Department of State
Division of Corporations
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FOREIGN PROFIT/NONPROFIT CORPORATION

TPB Insurance Group, Inc.

Certificate of Status	0
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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. TPB Insurance Group, 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. 45-3540802
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/20/2011 5. _____
 (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. 450 S Orange Ave., 4th Floor, Orlando, FL 32801
 (Principal office street address)

(Current mailing address, if different)

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

Name: C.T. Corporation System

Office Address: 1200 South Pine Island Road

Plantation FL 33324
 (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.

C.T. Corporation System

By: SEAN L. EMERICK, ASSISTANT SECRETARY

(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].

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A. DIRECTORS

☒ Chairman Name Jim W. Henderson

☐ Vice Chairman Address _____

☒ Director 450 S Orange Ave, 4th Fl

☐ President Orlando, FL 32801

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name Kateri "Katy" Brooks

☐ Vice Chairman Address _____

☐ Director 450 S Orange Ave, 4th Fl

☐ President Orlando, FL 32801

☐ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other DRIP ☐ Other _____

☐ Chairman Name Kimberley Gray

☐ Vice Chairman Address _____

☐ Director 450 S Orange Ave, 4th Fl

☐ President Orlando, FL 32801

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name Mark Hammond

☐ Vice Chairman Address _____

☐ Director 450 S Orange Ave, 4th Fl

☐ President Orlando, FL 32801

☐ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other Chief Executive Officer ☐ Other _____

☐ Chairman Name II Stanley K. Kinnett

☐ Vice Chairman Address _____

☐ Director 450 S Orange Ave, 4th Fl

☐ President Orlando, FL 32801

☐ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other Chief Legal Officer ☐ Other _____

☐ Chairman Name Randy Larsen

☐ Vice Chairman Address _____

☒ Director 450 S Orange Ave, 4th Fl

☐ President Orlando, FL 32801

☐ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other Chief Executive Officer ☐ 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 Stanley Kinnett II

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 Stanley K. Kinnett II - Executive Vice President

(Typed or printed name and capacity of person signing application)

Attachment for Officer's, Director's & Manager's: - TPB Insurance Group, Inc.

Address for Officer's and Director's	450 S Orange Ave, 4th Floor, Orlando, FL 32801
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NAME	TITLE
Daniel Lopez	Treasurer
Randy Russell	Regional President
Sean K. Smith	Director
Todd Stockdale	President, Retail - Western Regions
Paul Vredenburg	Director
Paul Vredenburg	President & Chief Operating Officer
Lesli Whisenant	Senior Vice President

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 TPB Insurance Group, Inc. (file number 801496760), a Domestic For-Profit Corporation, was filed in this office on October 20, 2011.

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 June 24, 2024.



A handwritten signature of Jane Nelson in black ink.

Jane Nelson
Secretary of State