

836021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

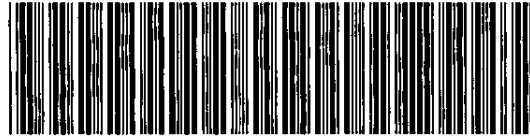
(Business Entity Name)

(Document Number)

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FILED  
14 AUG 20 PM 12:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 26 2014  
C. CARROTHERS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Stonebridge Casualty Insurance Company

Name of Corporation

**DOCUMENT NUMBER:** 836021

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Katie Patel**

Name of Contact Person

**Transamerica Casualty Insurance Company**

Firm/Company

**4333 Edgewood Road NE, Mail Stop 3410**

Address

**Cedar Rapids, IA 52499**

City/State and Zip Code

**chanda.hauschildt@transamerica.com**

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

For further information concerning this matter, please call:

**Katie Patel**

Name of Contact Person

at ( **319** ) **355-4073**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:



\$35.00 Filing Fee



\$43.75 Filing Fee &  
Certificate of Status



\$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)



\$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy  
(Additional copy is  
enclosed)

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO**  
**APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

(Pursuant to s. 607.1504, F.S.)

14 AUG 20 PM 12:56

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

836021

(Document number of corporation (if known))

1. Stonebridge Casualty Insurance Company

(Name of corporation as it appears on the records of the Department of State)

2. Ohio

(Incorporated under laws of)

3. 03/24/1976

(Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 07/31/2014

5. Transamerica Casualty Insurance Company

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

N/A

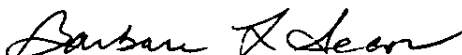
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

N/A

(New jurisdiction)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Barbara L. Secor

(Typed or printed name of person signing)

Assistant Secretary

(Title of person signing)

State of Ohio  
Department of Insurance

CERTIFICATION

As Director of Insurance of the State of Ohio, I do hereby certify that the annexed copy of the:

**Articles of Incorporation of** STONEBRIDGE CASUALTY  
INSURANCE COMPANY, Cedar Rapids, Iowa **effective** July 31, 2014,  
**Columbus, Ohio**

is a true copy of the original on file with this department.

July 10, 2014

IN WITNESS WHEREOF, I have hereunto subscribed my name and caused my seal to be affixed at Columbus, Ohio, this day and date.



*Mary Taylor*

Mary Taylor, Lt. Governor/Director



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
09/14/2014	201413400602	DOMESTIC/AMENDMENT TO ARTICLES (AMD)	50.00	100.00	0.00	0.00	0.00

**Receipt**

This is not a bill. Please do not remit payment.

STONEBRIDGE CASUALTY INSURANCE COMPANY  
 ATTN: LU ANN ROBY  
 4333 EDGEWOOD ROAD NE  
 CEDAR RAPIDS, IA 52499

**STATE OF OHIO  
 CERTIFICATE**

**Ohio Secretary of State, Jon Husted**  
 267391

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

**TRANSAMERICA CASUALTY INSURANCE COMPANY**

and, that said business records show the filing and recording of:

Document(s)

**DOMESTIC/AMENDMENT TO ARTICLES**

Effective Date: 07/31/2014

Document No(s):

**201413400502**



United States of America  
 State of Ohio  
 Office of the Secretary of State

Witness my hand and the seal of the  
 Secretary of State at Columbus, Ohio this  
 14th day of May, A.D. 2014.

*Jon Husted*  
 Ohio Secretary of State

A copy of the resolution of amendment is attached to this document.

Note: If amended articles were adopted, they must set forth all provisions required in original articles except that articles amended by directors or shareholders need not contain any statement with respect to initial stated capital. See Ohio Revised Code section 1701.04 for required provisions.

**Required**

Must be signed by all incorporators, if amended by incorporators, or an authorized officer if amended by directors or shareholders, pursuant to Ohio Revised Code section 1701.73(B) and (C).

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

*Michael A. Eubanks*  
Signature

By (if applicable)

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Michael A. Eubanks  
Print Name

Signature

By (if applicable)

Print Name



**ODI**  
Ohio Department  
of Insurance

John R. Kasich, Governor  
Mary Taylor, Lt. Governor/Director

50 West Town Street  
Third Floor - Suite 300  
Columbus, OH 43215-4188  
(814) 644-2858  
www.insurance.ohio.gov

(614) 728-1274  
(614) 644-3742(fax)

Steve.vamos@insurance.ohio.gov

April 17, 2014

W. Scott Myers  
Assistant Attorney General  
Health & Human Resources Section  
Ohio Attorney General's Office  
30 East Broad Street, 26th Floor  
Columbus, Ohio 43215-3428

Re: Stonebridge Casualty Insurance Company  
Proposed Amendment to Articles of Incorporation

Dear Mr. Myers:

Enclosed please find the proposed amendment to the Articles of Incorporation of the above referenced company. The company is amending Section 1 to change the name of the company to Transamerica Casualty Insurance Company.

Based upon my review, the Department extends its pre-clearance to the proposed amendments.

Thank you for your assistance with this matter.

Sincerely,

Stephen J. Vamos  
Staff Attorney

cc: Lu Ann Roby

Accredited by the National Association of Insurance Commissioners (NAIC)  
Consumer Hotline: 1-800-686-1526    Fraud Hotline: 1-800-686-1527    OSHIP Hotline: 1-800-686-1578  
TDD Line: (614) 644-3745    (Printed in house)

267391

UNITED STATES OF AMERICA,  
STATE OF OHIO,  
OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, Secretary of State of the State of Ohio, do hereby certify that the foregoing is a true and correct copy, consisting of 6 pages, as taken from the original record now in my official custody as Secretary of State.



WITNESS my hand and official seal at Columbus, Ohio, this 16<sup>th</sup> day of June A.D. 2014

Jon Husted  
\_\_\_\_\_  
ION HUSTED  
Secretary of State

By: \_\_\_\_\_