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C T CORPORATION SYSTEM

Requestor's Name  
660 East Jefferson Street

Address  
Tallahassee, FL 32301 (850)222-1092  
City State Zip Phone

500003049595--1  
-11/19/99--01055--020  
\*\*\*\*\*35.00 \*\*\*\*\*35.00  
500003049595--1  
-11/19/99--01055--021  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

CORPORATION(S) NAME

Colonial Insurance Company of Wisconsin  
Changing name to: Nationwide Assurance Company

- Profit
- NonProfit
- Limited Liability Company
- Foreign
- Limited Partnership
- Reinstatement
- Limited Liability Partnership
- Certified Copy
- Call When Ready
- Walk In
- Mail Out
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- Mark
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LAURA EARNEST

C. COULLETTE NOV 19 1999

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

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TALLAHASSEE, FLORIDA

**SECTION I (1-3 must be completed)**

1. Colonial Insurance Company of Wisconsin

Name of corporation as it appears within the records of the Department of State.

2. Incorporated under laws of: Wisconsin

3. Date authorized to do business in Florida: 11/20/79

**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?

4/30/99

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

Nationwide Assurance Company

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

N/A

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

N/A

Dennis W. Click

Signature  
Name and Title

Dennis W. Click,  
Vice President and Secretary

October 28, 1999

Date



State of Wisconsin  
Office of the Commissioner of Insurance  
P O Box 7873  
Madison, Wisconsin 53703-7873

### Certification of the Authenticity of Copy of Document on File

The Commissioner of Insurance of the State of Wisconsin certifies that the attached copy of

CERTIFICATE OF AUTHORITY.

For NATIONWIDE ASSURANCE COMPANY (FORMERLY COLONIAL INSURANCE  
COMPANY OF WISCONSIN)

is a true and correct copy of the original now on file with the Office of the Commissioner of Insurance.

Dated at Madison, Wisconsin, this 18th day of November, 1999.

*Connie O'Connell*  
Connie O'Connell  
Commissioner of Insurance



# *Certificate of Authority*

## *State of Wisconsin*

Office of the Commissioner of Insurance  
P.O. Box 7873  
Madison, Wisconsin 53707-7873

Certificate No.            11904  
Date Issued:              04/30/1999  
License Chapter:         611 Wis. Stat.

This Is To Certify,        That pursuant to the Insurance Laws of the state of Wisconsin,

*Nationwide Assurance Company*  
*Wisconsin*

has paid the fees and taxes required by law and that it is hereby authorized to transact the business of:

- 2A Fire, inland marine, and other property insurance
- 2B Ocean marine insurance
- 2C Disability insurance
- 2D Liability and incidental medical expense insurance
- 2E Automobile and aircraft insurance
- 2F Fidelity insurance
- 2G Surety insurance
- 2J Credit insurance
- 2K Worker's compensation insurance
- 2N Miscellaneous

*subject to the following limitations:*

NONE

in the state of Wisconsin as long as the insurer continues to conform to the authority granted by this certificate, is in full compliance with all, and not in violation of any, of the applicable laws and lawful requirements made under authority of the laws of the state of Wisconsin.

*Connie O'Connell*  
Commissioner of Insurance