

F17 000000 3015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Philadelphia Reinsurance Corporation

Name of Corporation

DOCUMENT NUMBER: F17000003015

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michelle Roccoforte

Name of Contact Person

Bondsman Insurance Company

Firm/Company

350 10th Avenue, Suite 1450

Address

San Diego, CA 92101

City/State and Zip Code

mroccoforte@bondsmanholdings.com

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

For further information concerning this matter, please call:

Michelle Roccoforte

619

866-6505

at ( )

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$35 Filing Fee

\$43.75 Filing Fee &  
Certificate of Status

\$43.75 Filing Fee &  
Certified Copy

\$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy

Mailing Address:

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

Street Address:

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 2, 2020

MICHELLE ROCCOFORTE  
350 10TH AVENUE  
STE. 1450  
SAN DIEGO, CA 92101

SUBJECT: PHILADELPHIA REINSURANCE CORPORATION  
Ref. Number: F17000003015

We have received your document for PHILADELPHIA REINSURANCE CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date 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 the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

THE CERTIFICATION MUST REFLECT THE NAME CHANGE FILED ON OCTOBER 1, 2019 AND SHOULD BE AUTHENTICATED AS OF A DATE NO MORE THAN 90 DAYS PRIOR TO DELIVERY OF THE APPLICATION TO THE DEPARTMENT OF STATE. THE CERTIFICATION CAN BE A CERTIFIED COPY OF THE AMENDMENT FILED IN THE HOME STATE OR A CERTIFICATE EVIDENCING THE NAME CHANGE WITH 90 DAYS.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 620A00024007



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 5, 2020

MICHELLE ROCCOFORTE  
350 10TH AVENUE  
STE. 1450  
SAN DIEGO, CA 92101

SUBJECT: PHILADELPHIA REINSURANCE CORPORATION  
Ref. Number: F17000003015

We have received your document for PHILADELPHIA REINSURANCE CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date 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 the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 120A00022198

**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.)

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

F17000003015

\_\_\_\_\_  
(Document number of corporation (if known))

1. Philadelphia Reinsurance Corporation  
(Name of corporation as it appears on the records of the Department of State)
2. Pennsylvania 3. \_\_\_\_\_  
(Incorporated under laws of) (Date authorized to do business in Florida)

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**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? October 1, 2019
5. Bondsman 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.

\_\_\_\_\_  
(New duration)

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

\_\_\_\_\_  
(New jurisdiction)

8. **If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

9. If the amendment changes person, title or capacity in accordance with 607.150-4 (4), indicate that change:

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

10. 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.

Michelle Roccaforte

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

Michelle Roccaforte

(Typed or printed name of person signing)

Treasurer/Secretary

(Title of person signing)

FILING FEE \$35.00

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

09/17/2020

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

Bondsman Insurance Company

I, Kathy Boockvar, Secretary of the Commonwealth of Pennsylvania, do hereby certify that the foregoing and annexed is a true and correct copy of

Creation Filing filed on Sep 10, 1952 - Pages (6)  
Creation Filing filed on Sep 22, 1952 - Pages (7)  
Amendment filed on Apr 26, 1954 - Pages (7)  
Amendment filed on Jun 7, 1954 - Pages (1)  
Amendment filed on Nov 7, 1956 - Pages (4)  
Amendment filed on Jun 26, 1961 - Pages (1)  
Amendment filed on Aug 14, 1961 - Pages (8)  
Amendment filed on Jun 28, 1962 - Pages (1)  
Amendment filed on Apr 12, 1965 - Pages (5)  
Amendment filed on Apr 14, 1965 - Pages (2)  
Amendment filed on Jun 21, 1965 - Pages (10)  
Amendment filed on Nov 23, 1966 - Pages (1)  
Amendment filed on Nov 23, 1966 - Pages (1)  
Amendment filed on Apr 27, 1967 - Pages (11)  
Amendment filed on Jul 26, 1971 - Pages (1)  
Amendment filed on Oct 4, 1973 - Pages (13)  
Amendment filed on Jan 14, 1974 - Pages (1)  
Change of Address filed on Aug 20, 2002 - Pages (2)  
Change of Address filed on Sep 4, 2007 - Pages (2)  
Change of Address filed on May 28, 2013 - Pages (2)  
Amendment filed on Dec 5, 2016 - Pages (1)  
Amendment filed on Nov 5, 2018 - Pages (5)  
Amendment filed on Feb 6, 2020 - Pages (1)  
Amendment filed on Mar 11, 2020 - Pages (1)

which appear of record in this department.



IN TESTIMONY WHEREOF, I have hereunto set  
my hand and caused the Seal of the Secretary's  
Office to be affixed, the day and year above written

*Kathy Boockvar*

Secretary of the Commonwealth

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

09/17/2020

Certification Number: TSC200917151578-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>





**pennsylvania**  
INSURANCE DEPARTMENT

September 25, 2018

Diane Flora  
Office Manager  
Align General Insurance Agency, LLC  
350 10<sup>th</sup> Avenue, Suite 1450  
San Diego, CA 92101

Via E-mail: [dflora@aligngeneral.com](mailto:dflora@aligngeneral.com)

RE: Name Approval  
**Bondsman Insurance Company**

Dear Ms. Flora:

The following information is being provided in response to your request received on September 25, 2018.

Please be advised that the phrasing of the above-referenced name has been reviewed and found to be acceptable to the Pennsylvania Insurance Department. You will need to present a copy of this letter to the Pennsylvania Department of State, Corporation Bureau. In processing the registration of the name, the Department of State will verify that the new name is not being used by an existing entity or that the name does not too closely resemble that of an existing entity.

Please note that this letter is to approve the use of a name only, it does not represent any form of licensure.

Please feel free to contact me at (717) 783-2660 should you have any questions.

Sincerely,

Steven L. Yerger, PIR  
Insurance Company Licensing Specialist  
Company Licensing Division

Entity# : 279503  
Date Filed : 11/05/2018  
Pennsylvania Department of State

**PENNSYLVANIA DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

<p>Return document by mail to:</p> <p><u>Bondsman Insurance Company / Michelle Roccoforte</u></p> <p>Name <u>350 10th Avenue, Suite 1450</u></p> <p>Address <u>San Diego CA</u></p> <p>City State Zip Code <u>miroccoforte@bondsmanholdings.com</u></p> <p>Return document by email to: <u>roccoforte@bondsmanholdings.com</u></p>	<p><b>Articles of Amendment Domestic Corporation</b></p> <p>TML181106MC0898</p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------

Read all instructions prior to completing. This form may be :

Fee: \$70.

Check one:  Business Corporation (§ 1915)  Nonprofit Corporation (§ 5915)

In compliance with the requirements of the applicable provisions (relating to articles of amendment), the undersigned, desiring to amend its articles, hereby states that:

1. The name of the corporation is:  
Philadelphia Reinsurance Corporation

2. The (a) address of this corporation's current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:  
(Complete only (a) or (b), not both)

(a) Number and Street	City	State	Zip	County
<u>27 N Front Street</u>	<u>Harrisburg</u>	<u>PA</u>	<u>17101</u>	<u>Dauphin</u>

(b) Name of Commercial Registered Office Provider \_\_\_\_\_ County \_\_\_\_\_  
c/o: \_\_\_\_\_

3. The statute by or under which it was incorporated: Pennsylvania

4. The date of its incorporation: 09/10/1952  
(MM/DD/YYYY)

5. Check, and if appropriate complete, one of the following:

The amendment shall be effective upon filing these Articles of Amendment in the Department of State.

The amendment shall be effective on: \_\_\_\_\_ at \_\_\_\_\_  
Date (MM/DD/YYYY) Hour (if any)

PA DEPT. OF STATE

MAY 23 2018

PA DEPT OF STATE

NOV 05 2018

6. Check one of the following:

- The amendment was adopted by the shareholders or members pursuant to 15 Pa.C.S. § 1914(a) and (b) or § 5914(a).
- The amendment was adopted by the board of directors pursuant to 15 Pa. C.S. § 1914(c) or § 5914(b).

7. Check, and if appropriate complete, one of the following:

The amendment adopted by the corporation, set forth in full, is as follows

The amendment adopted by the corporation is set forth in full in Exhibit A attached hereto and made a part hereof.

8. Check if the amendment restates the Articles:

The restated Articles of Incorporation supersede the original articles and all amendments thereto.

IN TESTIMONY WHEREOF, the undersigned corporation has caused these Articles of Amendment to be signed by a duly authorized officer thereof this

7th day of May, 2018.

Bondsman Insurance Company

Name of Corporation

[Handwritten Signature]

Signature

President / CEO

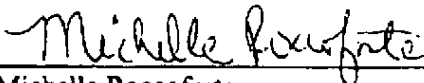
Title

**PHILADELPHIA REINSURANCE CORPORATION**  
**SECRETARY'S CERTIFICATE**

The undersigned hereby certifies that she is the duly elected and acting Secretary of Philadelphia Reinsurance Corporation, a Pennsylvania corporation (the "Company"), and hereby further certifies, on behalf of the Company, as follows:

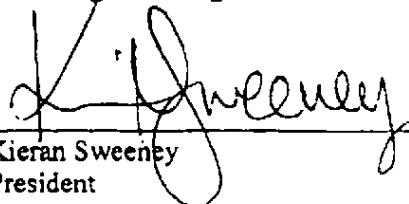
Attached hereto as Exhibit A is a true, correct and complete copy of the resolutions adopted by the Board of Directors of the Company authorizing (i) the name change of the Company and (ii) the amendment of the Articles of Agreement and Bylaws to reflect the proposed name change, which resolutions remain in full force and effect and have not been amended, rescinded or modified.

IN WITNESS WHEREOF, and intending to be bound hereby, the undersigned has executed this Certificate as of the 1 day of May, 2018.

  
\_\_\_\_\_  
Michelle Roccoforte  
Secretary

The undersigned hereby certifies that he is the duly elected and acting President of the Company, and hereby further certifies that Michelle Roccoforte is the duly elected and acting Secretary of the Company and that the above signature is his genuine signature.

Dated: May 1, 2018

  
\_\_\_\_\_  
Kieran Sweeney  
President

**EXHIBIT A**

**RESOLUTIONS**

***NAME CHANGE AND AMENDMENT OF ORGANIZATIONAL DOCUMENTS***

**WHEREAS**, it is deemed to be in the best interest of the Company, that the Company change its name to Bondsman Insurance Company and amend its Articles of Agreement and Bylaws (together, "Organizational Documents") to reflect the name change.

**NOW, THEREFOR, BE IT RESOLVED**, that the name change and amendments to the Organizational Documents are approved; and

**RESOLVED FURTHER**, the proper officers of the Company be, and each of them acting alone hereby is, authorized, empowered and directed, for and on behalf of the Company, to take all such steps and do or cause to be done all such acts and things as they or any one or more of them may deem necessary or advisable to cause the name change and amendments to the Organizational Documents, including, but not limited to, the making and executing of any other necessary or advisable instruments, agreements, amendments, waivers, consents, certificates, or other documents in connection therewith, and the paying of any fees in such connection, and to take any and all action to make, execute, verify and file all applications, certificates, documents, or other instruments and to do any and all acts and things which any one or more of them may deem necessary, advisable or appropriate in order to carry out the intent and purpose of any and all of the foregoing resolutions; and

**RESOLVED FURTHER**, all acts and things heretofore done by any such officer, or by any other officer, employee or agent of the Company, on or prior to the date hereof, in connection with the matters contemplated by the foregoing resolutions be, and the same hereby are, in all respects ratified, confirmed, approved, and adopted as acts on behalf of the Company.