

P26889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

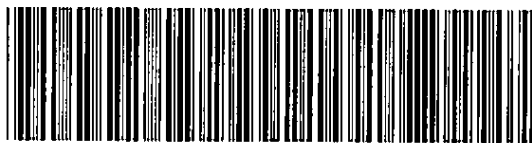
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600341180616

02/26/20--01016--030 **35.00

2020
26
PM 2:59

R. WHITE

MAR 17 2020

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: NAME CHANGE AMENDMENT

Name of Corporation

DOCUMENT NUMBER: P26889

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JULI A. BENEDUM

Name of Contact Person

CERITY INSURANCE COMPANY

Firm/Company

919 CONGRESS AVENUE, SUITE 1325

Address

AUSTIN, TX 78701

City/State and Zip Code

REGULATORY@CERITY.COM

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

For further information concerning this matter, please call:

JULI A. BENEDUM

at (512) 553-2953

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

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)

P26889

(Document number of corporation (if known))

1. PARTNERRE INSURANCE COMPANY OF NEW YORK

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

2. NEW YORK

(Incorporated under laws of)

3. 11/13/1989

(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? 08/23/2019

5. CERITY 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)

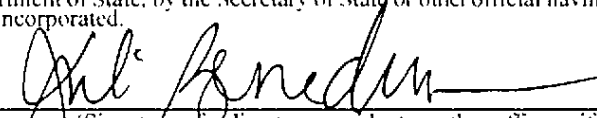
8. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

2020
25
F
2:59

<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.



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

JULI A. BENEDUM

 (Typed or printed name of person signing)

SECRETARY

 (Title of person signing)

FILING FEE \$35.00

Certificate of Good Standing

STATE OF NEW YORK
DEPARTMENT OF FINANCIAL SERVICES

It is hereby certified that

CERITY INSURANCE COMPANY
of New York, New York

was incorporated under the Laws of the State of New York on September 8, 1989, under the title of WINTERTHUR REINSURANCE CORPORATION OF AMERICA and was licensed to transact insurance business in the State of New York on September 30, 1989 under the title of WINTERTHUR REINSURANCE CORPORATION OF AMERICA;

that it changed its name to PARTNERRE INSURANCE COMPANY OF NEW YORK on March 1, 1999.

that it changed its name to CERITY INSURANCE COMPANY on August 23, 2019.

IT IS HEREBY FURTHER CERTIFIED that the aforesaid Company is duly authorized in the State of New York to transact the business of accident and health, fire, miscellaneous property, water damage, burglary and theft, glass, boiler and machinery, elevator, animal, collision, personal injury liability, property damage liability, workers' compensation and employers' liability, fidelity and surety, credit, motor vehicle and aircraft physical damage, marine and inland marine and marine protection and indemnity insurance as specified in the paragraph(s) 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 19, 20 and 21 of Section 1113(a) of the New York Insurance Law, and also such workers' compensation insurance as may be incident to coverages contemplated under paragraphs 20 and 21 of Section 1113(a), including insurances described in the Longshoremen's and Harbor Workers' Compensation Act (Public Law No. 803, 69 Cong. as amended; 33 USC Section 901 et seq. as amended), and, and as authorized by Section 4102(c), reinsurance of every kind or description and has been continuously licensed and remains in good standing to the date of this certificate.



*** INVALID WITHOUT OFFICIAL SEAL ***

Certificate of Good Standing

STATE OF NEW YORK

DEPARTMENT OF FINANCIAL SERVICES



In Witness Whereof, I have hereunto set my hand
and affixed the official seal of this Department
at the City of Albany, New York, this
17th day of January, 2020

LINDA A. LACEWELL

Superintendent

By

A handwritten signature in black ink, appearing to be "Linda A. Lacewell", written over a horizontal line.

Special Deputy Superintendent