

811284

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 205-8842  
Fax Number : (850) 878-5368

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FILED  
15 MAY -6 AM 7:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COR AMND/RESTATE/CORRECT OR O/D RESIGN  
ONEBEACON INSURANCE COMPANY

Certificate of Status	1
Certified Copy	0
Page Count	04
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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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5/6/2015  
T. J. JENNIFER  
COR

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** OneBeacon Insurance Company  
Name of Corporation

**DOCUMENT NUMBER:** 811284

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Contact Person

OneBeacon Insurance Company  
Firm/Company

1 Beacon Lane  
Address

Canton, MA 02021  
City/State and Zip Code

sholland@onebeacon.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person at ( Area Code & Daytime Telephone Number )

Enclosed is a check for the following amount:

<input type="checkbox"/> \$35.00 Filing Fee	<input checked="" type="checkbox"/> \$43.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	<input type="checkbox"/> \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
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**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.)


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

811284  
(Document number of corporation (if known))

1. OneBeacon Insurance Company  
(Name of corporation as it appears on the records of the Department of State)
2. Pennsylvania 3. 1/1/1957  
(Incorporated under laws of) (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? 2/9/2015
5. Bedivere 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)  
Not Applicable  
(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.  
Not Applicable  
(New duration)
7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.  
Not Applicable  
(New jurisdiction)

  
(Signature of a director, president or other officer - If in the hands of a receiver or other court appointed fiduciary, by that fiduciary)  
Wendy Williams  
(Typed or printed name of person signing)

Assistant Secretary  
(Title of person signing)

FILED  
15 MAY - 4 AM 7:19  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

May 1, 2015

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY, That from an examination of the indices and Records of this Department, it appears that Articles of Amendment were filed pursuant to the laws of the Commonwealth of Pennsylvania on February 9, 2015, for OneBeacon Insurance Company, a Pennsylvania corporation, incorporated June 1, 1956, whereby the corporate name was changed to Bedivere Insurance Company.

I DO FURTHER CERTIFY, That this shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



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.

*Pedro A. Contes*

Acting Secretary of the Commonwealth