

F15 000004318

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(City/State/Zip/Phone #)

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R. WHITE
AUG 29 2019

2019 AUG 21 AM 11:50

6-11-19

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ProSelect Insurance Company
Name of Corporation

DOCUMENT NUMBER: F15000004318

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

William McCool

Name of Contact Person

ProSelect Insurance Company

Firm/Company

One Financial Center, 13th Floor

Address

Boston, MA 02111

City/State and Zip Code

wmccool@coverys.com

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

For further information concerning this matter, please call:

William McCool at (617) 428-9846
Name of Contact Person 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.)

SECTION I
(1-3 MUST BE COMPLETED)

F15000004318

(Document number of corporation (if known))

1. ProSelect Insurance Company

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

2. Nebraska

(Incorporated under laws of)

3. 9/24/15

(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? NA

5. NA

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

NA

(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.

NA

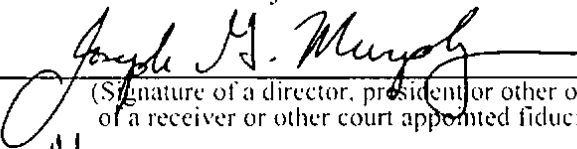
(New duration)

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

Nebraska

(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)

JOSEPH G. MURPHY

(Typed or printed name of person signing)

C.O.O.

(Title of person signing)

FILED
2019 AUG 21 AM 11:00

STATE OF NEBRASKA

United States of America, } ss.
State of Nebraska }

Secretary of State
State Capitol
Lincoln, Nebraska

I, Robert B. Evnen, Secretary of State of the
State of Nebraska, do hereby certify that

PROSELECT INSURANCE COMPANY

incorporated on September 22, 2016 and is duly incorporated under the law of
Nebraska;

that no occupation taxes due from and assessable against the Corporation are
unpaid and have become delinquent;

that no annual or biennial report required to be forwarded by the
Corporation to the Secretary of State has become delinquent;

that Articles of Dissolution have not been filed.

*This certificate is not to be construed as an endorsement,
recommendation, or notice of approval of the entity's financial
condition or business activities and practices*

In Testimony Whereof,

I have hereunto set my hand and
affixed the Great Seal of the
State of Nebraska on this date of

August 14, 2019



Secretary of State

