

801803

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 NOV -3 PM 1:42

FILED 17 NOV -3 PM 1:54

And
R. WHITE
NOV -6 2017

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 884052 4719544

AUTHORIZATION :

COST LIMIT :

Lynell Coleman
\$35.00

ORDER DATE : October 25, 2017

ORDER TIME : 11:09 AM

ORDER NO. : 884052-010

CUSTOMER NO: 4719544

FOREIGN FILINGS

NAME: GRANITE STATE INSURANCE
COMPANY

XX CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Granite State Insurance Company

Name of Corporation

DOCUMENT NUMBER: 801803

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tanya E. Kent

Name of Contact Person

American International Group, Inc.

Firm/Company

175 Water Street, 15th Floor

Address

New York, NY 10038

City/State and Zip Code

tanya.kent@aig.com

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

For further information concerning this matter, please call:

Tanya E. Kent

at (212) 458-7452

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)

801803

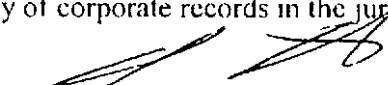
(Document number of corporation (if known))

1. Granite State Insurance Company
(Name of corporation as it appears on the records of the Department of State)
2. Pennsylvania 3. August 7, 1923
(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? _____
5. _____
(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.
Illinois
(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)

Tanya E. Kent

(Typed or printed name of person signing)

Secretary

(Title of person signing)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF ILLINOIS

DEPARTMENT OF INSURANCE



WHEREAS, GRANITE STATE INSURANCE COMPANY, located in the
City of Chicago, Cook County the State of Illinois, was incorporated to the
provisions of the "Illinois Insurance Code" applicable to said Company.

NOW, THEREFORE, I the undersigned Director of Insurance of the State of
Illinois, do hereby certify the said Company is authorized to transact its appropriate
business as set for under Clauses(s)

(a), (b), (c), (d), (e), (f), (g), (h), (i), (j) (k), (l) of Class 2

(a), (b), (c), (d), (e), (f), (g), (h) (i) of Class 3

of Section 4 of the "Illinois Insurance Code" in this State, in accordance with the
laws thereof.

DEPARTMENT OF INSURANCE
OF THE STATE OF ILLINOIS

DATE: October 27, 2017


Jennifer Hammer
Director of Insurance



Certificate of Compliance

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Division of Corporations

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Name of Corporation

DOCUMENT NUMBER: 801803

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175 Water Street, 15th Floor

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New York, NY 10038

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tanya.kent@aig.com

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