

3/1/2021

803353

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA STATE
CORPORATION
SERVICE, FL

202103-1 PM 2:15

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
AIG PROPERTY CASUALTY COMPANY**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

SUN KEY

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Corporate Filing Menu

MAR 02 2021
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: **AIG Property Casualty Company**

Name of Corporation

DOCUMENT NUMBER: **803353**

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

AIG

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

Name of Contact Person

at (**212**) **458-7452**

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)

803353

(Document number of corporation (if known))

1. AIG Property Casualty Company

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

2. Illinois

(Incorporated under laws of)

3. July 7, 1928

(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. If the amendment changes the jurisdiction of organization, indicate new jurisdiction.



Illinois

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

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STATE
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TALLAHASSEE, FL
ED

<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)

Tanya E. Kent

 (Typed or printed name of person signing)

Secretary

 (Title of person signing)

FILING FEE \$35.00

STATE OF ILLINOIS

DEPARTMENT OF INSURANCE



WHEREAS, the AIG Property Casualty Company located at City of Chicago,
Cook County in the State of Illinois was incorporated pursuant 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 forth under Clause(s)


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

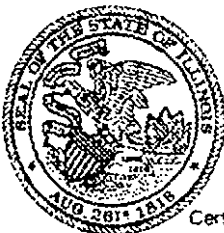
(a), (b), (c), (d), (e), (f), (g), (h), (i) of Class 3

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: February 25, 2021


DANA POPISE SEVERINGHAUS
ACTING DIRECTOR OF INSURANCE



Certificate of Compliance