

804418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

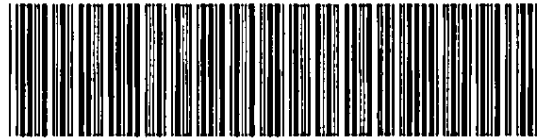
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FILED
AUG 20 11 31 AM
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Associated Indemnity Corporation

Name of Corporation

DOCUMENT NUMBER:

804418

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

angelique goudeaux

Name of Contact Person

westmont associates, inc.

Firm/Company

1763 marlton pike east, ste. 200

Address

cherry hill, nj 08003

City/State and Zip Code

tfowler@wef.com

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

For further information concerning this matter, please call:

angelique goudeaux

at (856) 2160220

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.)

FILED
MAY 20 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FL

SECTION I
(1-3 MUST BE COMPLETED)

804418

(Document number of corporation (if known))

1. Associated Indemnity Corporation
(Name of corporation as it appears on the records of the Department of State)
2. California 3. 6/24/1935
(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? 4/5/2022
5. WCF Select 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)
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.

Matthew B. Lyon

(Typed or printed name of person signing)


President & CEO

(Title of person signing)

Certified Copy

I hereby certify that the following transcript of 2 page(s) is a full, true, and correct copy of the original record in the custody of the California Secretary of State's office.

Certification Date 2/25/2022


SHIRLEY N. WEBER, Ph.D.
Secretary of State


Certificate of Amendment of Articles of Incorporation

The undersigned certify that:

1. They are the president and secretary, respectively, of Associated Indemnity Corporation, a California corporation, with California Entity Number C0101633.
2. The First Article of Articles of Incorporation of this corporation is amended to read as follows:
The name of the corporation is: WCF Select Insurance Company
3. The foregoing amendment of Articles of Incorporation has been duly approved by the board of directors.
4. The foregoing amendment of Articles of Incorporation has been duly approved by the required vote of shareholders in accordance with Section 902, California Corporations Code. The total number of outstanding shares of the corporation is 87,500. The number of shares voting in favor of the amendment equaled or exceeded the vote required. The percentage vote required was more than 50%.

We further declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of our own knowledge.

Date: January 18, 2022


Matthew B. Lyon, President


Dennis V. Lloyd, Secretary

FILED

Secretary of State
State of California

A0890674

Filing Number

02/18/2022

Filing Date

A0890674


STATE OF CALIFORNIA
DEPARTMENT OF INSURANCE

Oakland

I, RICARDO LARA, Insurance Commissioner of the State of California, do hereby certify that on the date specified herein, the name **WCF Select Insurance Company**, a California corporation, has been approved and the name reserved in California as a name change for **Associated Indemnity Corporation** for a period of 90 days from the date herein.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year specified below.

RICARDO LARA
Insurance Commissioner

By: 
Marjory Calip
Senior Legal Analyst
On Behalf of
Catalina Hayes-Bautista
Chief Deputy Commissioner
November 23, 2021

A foreign or alien corporation must attach this Certificate to its statement and designation to obtain a Certificate of Qualification from the California Secretary of State.

Notarize This certificate does not authorize the subject entity to transact business in California