

821403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

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F. And.

R. WHITE

MAR 02 2018

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COREPOINTE INSURANCE COMPANY
Name of Corporation

DOCUMENT NUMBER: 821403

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

GAIL MILLER

Name of Contact Person

AMTRUST NORTH AMERICA, INC.

Firm/Company

800 SUPERIOR AVE. E., 21st FLOOR

Address

CLEVELAND, OH 44114

City/State and Zip Code

regulatorycompliance@amtrustgroup.com

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

For further information concerning this matter, please call:

GAIL MILLER

at (216) 643-8664

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)

821403

(Document number of corporation (if known))

1. COREPOINTE INSURANCE COMPANY

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

2. MICHIGAN

(Incorporated under laws of)

3. 05/02/1968

(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.

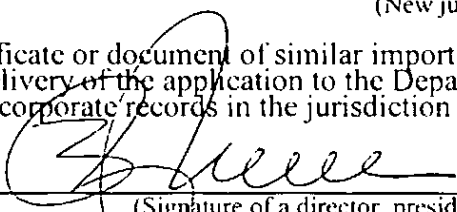
(New duration)

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

DELAWARE

(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)

BARRY MOSES

(Typed or printed name of person signing)

VP, Regulatory & Compliance

(Title of person signing)

18 MAR 30 PM 3:38

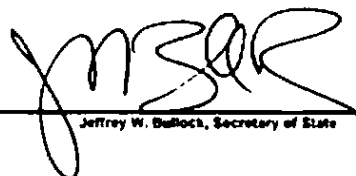
Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND
CORRECT COPY OF THE CERTIFICATE OF CONVERSION OF A MICHIGAN
CORPORATION UNDER THE NAME OF "COREPOINTE INSURANCE COMPANY" TO A
DELAWARE CORPORATION, FILED IN THIS OFFICE ON THE THIRD DAY OF
NOVEMBER, A.D. 2017, AT 2:11 O'CLOCK P.M.

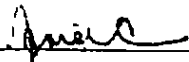



Jeffrey W. Bullock, Secretary of State

STATE OF DELAWARE
CERTIFICATE OF CONVERSION
FROM A NON-DELAWARE CORPORATION
TO A DELAWARE CORPORATION
PURSUANT TO SECTION 265 OF THE
DELAWARE GENERAL CORPORATION LAW

- 1.) The jurisdiction where the Non-Delaware Corporation first formed is Michigan.
- 2.) The jurisdiction immediately prior to filing this Certificate is Michigan.
- 3.) The date the Non-Delaware Corporation first formed is 12/29/1964.
- 4.) The name of the Non-Delaware Corporation immediately prior to filing this Certificate is CorePointe Insurance Company.
- 5.) The name of the Corporation as set forth in the Certificate of Incorporation is CorePointe Insurance Company.

IN WITNESS WHEREOF, the undersigned being duly authorized to sign on behalf of the converting Non-Delaware Corporation have executed this Certificate on the 3rd day of November, A.D. 2017.

By: 

Name: Janie V. Clark
Print or Type

Title: Assistant Secretary
Print or Type

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF FORMATION OF "COREPOINTE INSURANCE
COMPANY", FILED IN THIS OFFICE ON THE THIRD DAY OF NOVEMBER,
A.D. 2017, AT 2:11 O'CLOCK P.M.




Jeffrey W. Bullock, Secretary of State

6602450 8100
SR# 2018293600

Authentication: 202418254
Date: 03-29-18

You may verify this certificate online at corp.delaware.gov/authver.shtml

STATE of DELAWARE
CERTIFICATE of INCORPORATION
A STOCK CORPORATION

• **First:** The name of this Corporation is CorePointe Insurance Company

• **Second:** Its registered office in the State of Delaware is to be located at
251 Little Falls Drive Street, in the City of Wilmington
County of New Castle Zip Code 19808

The registered agent in charge thereof is Corporation Service Company

Third: The purpose of the corporation is to engage in any lawful act or activity for which corporations may be organized under the General Corporation Law of Delaware.

• **Fourth:** The amount of the total stock of this corporation is authorized to issue is
1,000,000 shares (number of authorized shares) with a par value of
\$5.00 per share.

• **Fifth:** The name and mailing address of the incorporator are as follows:
Name Janie V. Clark, c/o AmTrust North America
Mailing Address 800 Superior Ave. E., 21st Floor
Cleveland, Ohio Zip Code 44114

• **I, The Undersigned,** for the purpose of forming a corporation under the laws of the State of Delaware, do make, file and record this Certificate, and do certify that the facts herein stated are true, and I have accordingly hereunto set my hand this
3rd day of November, A.D. 2017

BY: 
(Incorporator)

NAME: Janie V. Clark
(type or print)