

825599

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

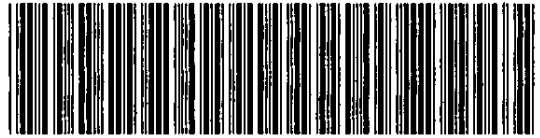
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900139161859

03/17/09--01013--003 \*\*43.75

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

09 MAR 17 AM 11:09

FILED

For. Name chg Amend.  
~~Name~~  
Jm 3/17/09

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Connie Lee Insurance Company  
(Name of Corporation)

**DOCUMENT NUMBER:** \_\_\_\_\_

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

L. Brent Kessler  
(Name of Contact Person)

Dewey & LeBoeuf LLP  
(Firm/Company)

1301 Avenue of the Americas  
(Address)

New York, NY 10019  
(City/State and Zip Code)

For further information concerning this matter, please call:

L. Brent Kessler at ( 212 ) 259-8163  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$35.00 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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)**

\_\_\_\_\_  
(Document number of corporation (if known))

1. Connie Lee Insurance Company

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

2. Wisconsin

(Incorporated under laws of)

3. \_\_\_\_\_

(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? September 24, 2008

5. Everspan Financial Guarantee Corp.

(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.

N/A

(New duration)

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

N/A

(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.

Anne Gill Kelly

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Anne Gill Kelly

(Typed or printed name of person signing)

Secretary

(Title of person signing)

FILED  
09 MAR 17 AM 11:09  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE



State of Wisconsin  
Office of the Commissioner of Insurance  
P.O. Box 7873  
Madison, Wisconsin 53707-7873

**Certification of the Authenticity of Copy of Document on File**

The Commissioner of Insurance of the State of Wisconsin certifies that the attached copy of

**CERTIFICATE OF AUTHORITY**

for Everspan Financial Guarantee Corp. (formerly Connie Lee Insurance Company)  
Name Change effective 09-24-2008

is a true and correct copy of the original now on file with the Office of the Commissioner of Insurance.

Dated at Madison, Wisconsin, this 9th day of February, 2009.

A handwritten signature in black ink, appearing to be "A. J. B.", written over a horizontal line.

Commissioner of Insurance



## ***Certificate of Authority State of Wisconsin***

**Office of the Commissioner of Insurance**

**Certificate No.:** 11118  
**Date Issued:** 09/24/08  
**License Chapter:** 611 Wis. Stat.

This is to Certify, That pursuant to the Insurance Laws of the state of Wisconsin,

***Everspan Financial Guarantee Corp.***

***Wisconsin***

Has paid the fees and taxes required by law and that it is hereby authorized to transact the business of:

**Surety**

Subject to the following limitations:

**None**

In the state of Wisconsin as long as the insurer continues to conform to the authority granted by this certificate, is in full compliance with all, and not in violation of any, of the applicable laws and lawful requirements made under authority of the laws of the state of Wisconsin.

A handwritten signature in black ink, appearing to be "A. D. B.", written over a horizontal line.

**Commissioner of Insurance**