

825599

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

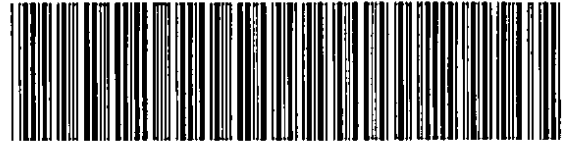
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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JAN 15 2022

01/19/22--01019--011 **35.00

FILED

2022 MAR 23 PM 2:03

CLERK OF COURT
JULIA A. SUTHERLAND

N/C

DC
4/3/22



RECEIVED

2022 MAR 23 AM 7:45

FLORIDA DEPARTMENT OF STATE
Division of Corporations
SECRETARY OF STATE
TALLAHASSEE, FL

February 16, 2022

BONGI ZUNGU
ONE WORLD TRADE CENTER
41ST FLOOR
NEW YORK, NY 10007

SUBJECT: EVERSPAN FINANCIAL GUARANTEE CORP.
Ref. Number: 825599

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

IN ORDER TO CHANGE THE NAME OF THE CORPORATION, THE ATTACHED AMENDMENT TO THE QUALIFICATION FORM MUST BE FILED.

We are enclosing the proper form(s) with instructions for your convenience.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date 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 the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 622A00003842

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Everspan Insurance Company

Name of Corporation

DOCUMENT NUMBER: 825599

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bongi Zungu

Name of Contact Person

Everspan Insurance Company

Firm/Company

One World Trade Center, 41st Floor

Address

New York, New York 10007

City/State and Zip Code

bzungu@ambac.com

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

For further information concerning this matter, please call:

Bongi Zungu

at (212) 208-3320

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

* previously
submitted

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 TRANACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

825599

(Document number of corporation (if known))

Everspan Financial Guarantee Corp.

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

2. Wisconsin 3. January 14, 1971
(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? July 9, 2019

5. Everspan 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)

(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.

(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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2022 MAR 23 PM 2:03
SECRETARY OF STATE
FLORIDA

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

<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)

(Typed or printed name of person signing)

(Title of person signing)

FILING FEE \$35.00



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

Amended Articles of Incorporation of Name Change

Date filed July 9th, 2019

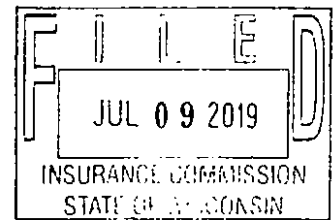
for Everspan Insurance Company,

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 16th day of March 2022.

Commissioner of Insurance

**ARTICLE OF AMENDMENT
EVERSPAN FINANCIAL GUARANTEE CORP.**



Pursuant to the authority and provisions of Chapters 611 and 180 of the Wisconsin Statutes, the following Amendment to the Restated Articles of Incorporation, as amended from time to time, of Everspan Financial Guarantee Corp., a Wisconsin stock insurance corporation (the "Corporation"), was duly proposed by the Board of Directors of the Corporation and duly adopted by the sole shareholder of the Corporation, both by unanimous written consent in lieu of a meeting on June 3, 2019:

Article I of the Corporation's Restated Articles of Incorporation is hereby amended by deleting the existing text in its entirety and substituting therefor the following:

ARTICLE I

NAME

The name of this Corporation shall be EVERSPAN INSURANCE COMPANY.

The undersigned officer of the Corporation certifies:

The foregoing Amendment to the Restated Articles of Incorporation of the Corporation was adopted by the unanimous written consent of the sole shareholder of the Corporation in accordance with Sections 611.29 and 180.1003 of the Wisconsin Statutes on June 3, 2019.

Executed by the undersigned as of this 3rd day of June, 2019.

EVERSPAN FINANCIAL GUARANTEE CORP.

By: William J. White
Name: William J. White
Title: First Vice President,
Assistant General Counsel and
Assistant Secretary