

825960

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H15000110594 3)))



H150001105943ABC-

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

**\*RE-SUBMIT\***

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 205-8842  
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RECEIVED

15 MAY -7 PM 12:17

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

COR AMND/RESTATE/CORRECT OR O/D RESIGN  
ONEBEACON AMERICA INSURANCE COMPANY

Certificate of Status	1
Certified Copy	0
Page Count	045
Estimated Charge	\$43.75

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2015 MAY -6 AM 10:14

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AJR  
5/8/15

5/7/2015 12:05:18 PM From: To: 8506176380( 2/5 )  
5/7/2015 11:47:28 AM FAX 1/001 FAX Server



May 7, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

ONEBEACON AMERICA INSURANCE COMPANY  
150 ROYALL STREET  
CANTON, MA 02021

SUBJECT: ONEBEACON AMERICA INSURANCE COMPANY  
REF: 825960

**\*RE-SUBMIT\***

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please change the date on line #3 to 3-29-71 so it will be the same as the date on our records.

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

Annette Ramsey  
Regulatory Specialist II

FAX Aud. #: H15000110594  
Letter Number: 415A00009533

5/7/2015 12:05:18 PM From: To: 8506176380( 3/5 )

## COVER LETTER

**TO: Amendment Section  
Division of Corporations**

**SUBJECT:** OneBeacon America Insurance Company  
Name of Corporation

**DOCUMENT NUMBER:** 825960

**The enclosed Amendment and fee are submitted for filing.**

**Please return all correspondence concerning this matter to the following:**

Name of Contact Person

**OneBeacon America Insurance Company**  
**Firm/Company**

1 Beacon lane

### Address

**Camden, MA 02021**

City/State and Zip Code

sholland@onebeacon.com

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


**For further information concerning this matter, please call:**


Name of Contact Person \_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
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)**

825960

(Document number of corporation (if known))

1. OneBeacon America Insurance Company

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

2. Pennsylvania

(Incorporated under laws of)

3. 3/29/1971

(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? 2/9/2015

5. Lamora 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)

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

Wendy Wilhams

(Typed or printed name of person signing)

Assistant Secretary

(Title of person signing)

**COMMONWEALTH OF PENNSYLVANIA**

**DEPARTMENT OF STATE**

**May 1, 2015**

**TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:**

**I DO HEREBY CERTIFY, That from an examination of the Indices and Records of this Department, it appears that Articles of Amendment were filed pursuant to the laws of the Commonwealth of Pennsylvania on February 9, 2015, for OneBeacon America Insurance Company, a Pennsylvania corporation, incorporated March 25, 2013, whereby the corporate name was changed to Lamorak Insurance Company.**

**I DO FURTHER CERTIFY, That this shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.**



**IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.**

*Pedro A. Contes*

**Acting Secretary of the Commonwealth**