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(City/State/Zip/Phone #)					
Special Instructions to Filing Officer:	Name ch 8 cc				
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COVER LETTER

TO: Amendment Section Division of Corporations

Metromile Insurance Company

SUBJECT:_

Name of Corporation

DOCUMENT NUMBER: 835058

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephanie Duchene

Name of Contact Person

Dentons US LLP

Firm/Company

601 S. Figueroa Street, Suite 2500

Address

Los Angeles, CA 90017-5704

City/State and Zip Code

stephanie.duchene@dentons.com

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

For further information concerning this matter, please call:

Stephanie Duchene	213	892-2909
Name of Contact Person at	Area Code &) 2 Daytime Telephone Number

Enclosed is a check for the following amount:

\$35.00 Filing Fee

\$43.75 Filing Fee & Certificate of Status



X

\$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



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REPARTMENT OF STATE DIVISION OF CONFORATIONS MALLANASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

October 12, 2016

STEPHANIE DUCHENE DENTONS US LLP 601 S. FIGUEROA STREET - STE. 2500 LOS ANGELES, CA 90017-5704

SUBJECT: MOSAIC INSURANCE COMPANY Ref. Number: 835058

We have received your document for MOSAIC INSURANCE COMPANY and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Irene Albritton Regulatory Specialist II

Letter Number: 316A00021963

www.sunbiz.org

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)

835058

(Document number of corporation (if known)

Mosaic Insurance Company

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

Delaware 2.

(Incorporated under laws of)

3. February 8, 1977

F11, ED (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? August 18, 2016
- Metromile Insurance Company 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)

N/A

(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)	<u> </u>	
7. If the amendment chang	es the jurisdiction	of incorporation, indi	cate new jurisdiction	•
	N/A			
		(New jurisdiction)		
 Attached is a certificate 90 days prior to delivery having custody of corpo 		YA-	· ·	uthenticated not more thar ry of State or other official icorporated.
	(Signature of a d of a receiver or	other court appointed fid	r officer - if in the hands uciary, by that fiduciary)	
(Typed or printed	I name of person signi		(Title of perso	(signing)

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	is a true	and correct co	py of the document on	file with this Depart			
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Page 1

1302-739-2499

<u>Delaware</u>

The First State

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 AMENDMENT OF "MOSAIC INSURANCE COMPANY", CHANGING ITS NAME FROM "MOSAIC INSURANCE COMPANY" TO "METROMILE INSURANCE COMPANY", FILED IN THIS OFFICE ON THE EIGHTEENTH DAY OF AUGUST, A.D. 2016, AT 1:07 O'CLOCK P.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE NEW CASTLE COUNTY RECORDER OF DEEDS.



Authentication: 202850378 Date: 08-18-16

773891 8100 SR# 20165420847

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

08/18/2010 12:43 FAI 2127086800

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CERTIFICATE OF AMENDMENT OF CERTIFICATE OF INCORPORATION

OF

MOSAIC INSURANCE COMPANY

It is hereby certified that:

1. The name of the corporation (hereinafter called the "Corporation") is Mosaic insurance Company.

2. The Certificate of Incorporation of the Corporation is increby arreaded by striking out Article First thereof and by substituting in lieu of said Article First the following new Article First:

"The name of the corporation is Metromile Insurance Company (the "Corporation")."

3. The amendment of the Certificate of Incorporation herein certified has been duly adopted and written consent has been given in accordance with the provisions of Sections 228 and 242 of the General Corporation Law of the State of Delaware.

IN WITNESS WHEREOF, said Corporation has caused this certificate to be signed this 18th day of August, 2016.

By: Name JOHN OKTA Thie Sectenia

State of Belaware Secretary of State Uktikon of Carporations Delhered (11:07 PM) 08 18 2016 FILED 01:07 PM 08 18 2016 SR 20165420847 - File Number 773891

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