

841159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

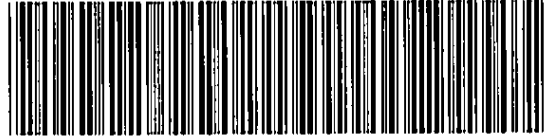
(Business Entity Name)

(Document Number)

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Office Use Only



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RECEIVED
2021 AUG -9 AM 11:48
ALLAHASSEE, FLORIDA

2021 AUG -9 PM 7:17

RECEIVED

AUG 16 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 10, 2021

CSC

RESUBMIT

Please give original
submission date as file date.

SUBJECT: IRONSHORE INDEMNITY INC.
Ref. Number: 841159

We have received your document for IRONSHORE INDEMNITY INC. and your check(s) totaling \$. 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.

Terri J Schroeder
Regulatory Specialist III

Letter Number: 921A00018903

RECEIVED
2021 AUG 13 PM 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 944621 6408A

AUTHORIZATION :

COST LIMIT : *944621*

ORDER DATE : August 4, 2021

ORDER TIME : 9:33 AM

ORDER NO. : 944621-005

CUSTOMER NO: 6408A

FOREIGN FILINGS

NAME: IRONSHORE INDEMNITY INC.

XX CORPORATE
____ LIMITED PARTNERSHIP
____ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT# 61594

EXAMINER: _____

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Ironshore Indemnity Inc.

Name of Corporation

DOCUMENT NUMBER: 841159

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Colleen Lynch

Name of Contact Person

Liberty Mutual Insurance

Firm/Company

175 Berkeley Street

Address

Boston, MA 02116

City/State and Zip Code

gina.hudson@libertymutual.com

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

For further information concerning this matter, please call:

Colleen Lynch

Name of Contact Person

at (617) 654-3680

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

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

SECTION I
(1-3 MUST BE COMPLETED)

841159

(Document number of corporation (if known))

1. Ironshore Indemnity Inc.

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

2. Minnesota

(Incorporated under laws of)

3. 07/28/1978

(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? Not Applicable

5. Not Applicable

(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.

Not Applicable

(New duration)

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

Illinois

(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

Not Applicable

Not Applicable

(Florida street address)

New Registered Office Address: Not Applicable, Florida Not Applicable
(City) (Zip Code)

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

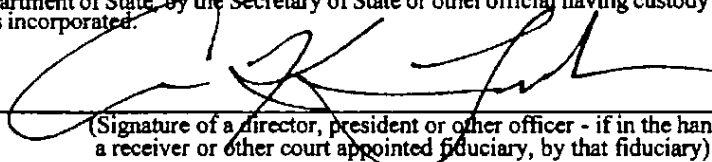
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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>
	Not Applicable		<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)

Colleen K. Lynch

(Typed or printed name of person signing)

Assistant Secretary

(Title of person signing)

FILING FEE \$35.00



AMENDED CERTIFICATE OF AUTHORITY

WHEREAS, the Ironshore Indemnity Inc.

located at County of Cook, in the State of Illinois

has complied with all the requirement of the "Illinois Insurance Code" applicable to
said Company:

NOW, THEREFORE, I, the undersigned, Director of Insurance of the State of
Illinois, do hereby authorize the said Company to transact its appropriate business as
set forth under Clauses(s)

(a), (b), (c), (d), (e), (f), (g), (h), (i), (j), (k) of Class 2

(a), (b), (c), (d), (e), (f), (g), (h) of Class 3

of Section 4 of the "Illinois Insurance Code" in this State, in accordance with the laws
thereof.

DATE: December 1, 2020

DEPARTMENT OF INSURANCE of the State of
Illinois;

A handwritten signature in dark ink, appearing to read "R. H. Muriel", written over a horizontal line.

ROBERT H. MURIEL
DIRECTOR OF INSURANCE

