

842128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

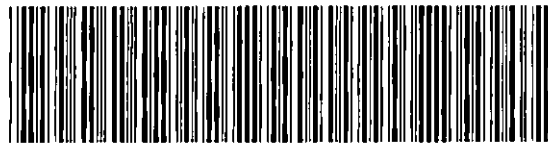
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Office Use Only



800417785588

09/20/23--01023--006 \*\*35.00

2023 SEP 20 AM 11:55

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*[Handwritten signature]*

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: DISCOVER PROPERTY & CASUALTY INSURANCE COMPANY

Name of Corporation

DOCUMENT NUMBER: 842128

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jennifer L. Cavaliere

Name of Contact Person

Travelers

Firm/Company

One Tower Square, MS08

Address

Hartford, CT 06183

City/State and Zip Code

KLILBER@travelers.com

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

For further information concerning this matter, please call:

Jennifer Cavaliere

at ( 860 ) 277-8463

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

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

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**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)**

842128

(Document number of corporation (if known))

1. Discover Property & Casualty Insurance Company  
(Name of corporation as it appears on the records of the Department of State)
2. Connecticut 3. December 20, 1979  
(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? August 1, 2023
5. TravCo Personal 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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FBI - FT

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

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FILED

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.

Ann B. Mulcahy

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

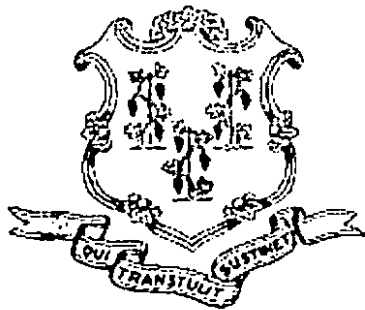
Ann B. Mulcahy

(Typed or printed name of person signing)

Assistant Corporate Secretary

(Title of person signing)

FILING FEE \$35.00



## *State of Connecticut Insurance Department*

*This is to Certify, that* TravCo Personal Insurance Company

*having complied with the laws of the State of Connecticut is licensed to transact in this state until the first day of May 2024 unless this license be sooner revoked, the following lines of insurance:*

- 01 - FIRE, EXTENDED COVERAGE, AND OTHER ALLIED LINES
- 02 - HOMEOWNERS MULTIPLE PERIL
- 03 - COMMERCIAL MULTIPLE PERIL
- 04 - EARTHQUAKE
- 05 - GROWING CROPS
- 06 - OCEAN MARINE
- 07 - INLAND MARINE
- 08 - ACCIDENT AND HEALTH
- 09 - WORKER'S COMPENSATION
- 10 - LIABILITY OTHER THAN AUTO (BODILY INJURY AND PROPERTY DAMAGE)
- 11 - AUTO LIABILITY (BODILY INJURY AND PHYSICAL DAMAGE)
- 12 - AUTO PHYSICAL DAMAGE
- 13 - AIRCRAFT (ALL PERILS)
- 14 - FIDELITY AND SURETY
- 15 - GLASS
- 16 - BURGLARY AND THEFT
- 17 - BOILER AND MACHINERY
- 18 - CREDIT
- 19 - REINSURANCE

*Witness my hand and official seal, at HARTFORD, CT  
the 1st day of May, 2023*



A handwritten signature in black ink, likely belonging to the Insurance Commissioner, is positioned to the right of the seal.

*Insurance Commissioner*

*Certificate of Authority and Compliance*

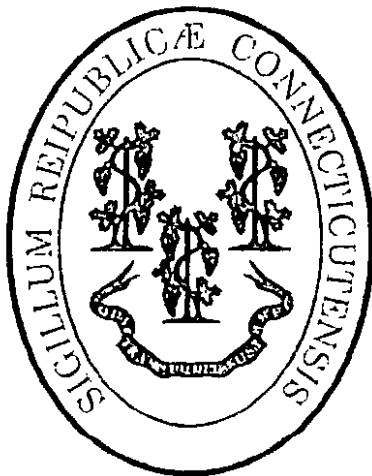
# Secretary of the State of Connecticut

## Stephanie Thomas

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify the annexed copy is a true copy of the record indicated below as filed in this office.

### Certified Copy Details

Business Name	TRAVCO PERSONAL INSURANCE COMPANY
Filing Type	Certificate of Amendment
Number of Pages	5
Filing Date & Time	08/01/2023 12:00 PM



*In testimony whereof, I have hereunto set my hand and caused the Seal of the State of Connecticut to be affixed at the City of Hartford on August 02, 2023.*

A handwritten signature in black ink, appearing to read "Stephanie Thomas", written over a horizontal line.

Stephanie Thomas  
Secretary of the State

Certificate ID: CP-00054154

To verify this certificate, visit: <https://service.ct.gov/business/s/verifycertificate>

Or visit [Business.CT.gov](https://business.ct.gov), all business services, certificate request, and verify certificate.



# Secretary of the State of Connecticut

PHONE: 860-509-6003 • EMAIL: [cor@ct.gov](mailto:cor@ct.gov) • WEB: [www.concord-sots.ct.gov](http://www.concord-sots.ct.gov)

**RECEIVED**  
OFFICE USE ONLY  
AUG 1 2023

## CERTIFICATE OF AMENDMENT STOCK CORPORATION

Secretary of the State

- Use ink • Print or type.
- Attach additional 8 1/2 x 11 sheets if necessary

<b>FILING PARTY</b> (confirmation will be sent to this address):	
NAME	Discover Property & Casualty Insurance Company
ADDRESS	ATT. Ann B. Mulcahy One Tower Square
CITY	Hartford
STATE	CT ZIP 06183
<b>FILING FEE: \$100.00</b> Make checks payable to "Secretary of the State"	
<b>1. NAME OF CORPORATION (required)</b> (must exactly match the name on record with our office, including the business designation, e.g. Inc., Corp, Corporation, etc) Discover Property & Casualty Insurance Company	
<b>2. STATEMENT OF AMENDMENT (required)</b> (check only one of the following statements, 2A, 2B, or 2C)	
THE CERTIFICATE OF INCORPORATION IS:	
<input type="checkbox"/> <b>2A AMENDED ONLY.</b> In section 3A below, provide the full text of any amendments to the corporation's certificate of incorporation, including any name changes	
<input checked="" type="checkbox"/> <b>2B AMENDED AND RESTATED.</b> In section 3A below, provide the full text of each amendment <u>and</u> attach a complete restatement of the corporation's certificate of incorporation, incorporating the amendments.	
<input type="checkbox"/> <b>2C RESTATED.</b> Attach one document consolidating all previous amendments into the corporation's Certificate of Incorporation.	
<b>3. CHECK THE BOX 3A, 3B ON THE NEXT PAGE, OR BOTH, AS APPLICABLE</b>	
<input checked="" type="checkbox"/> <b>3A. TEXT OF AMENDMENTS / SPECIFIC PUBLIC BENEFITS</b> (If electing Benefit Corporation status in Section 3B on the next page, provide the text of the specific public benefits here, if any.)	
Section 1. of Discover Property & Casualty Insurance Company's Amended and Restated Certificate of Incorporation is hereby amended and restated in its entirety to reflect a new corporate name.	
Section 1. The name of the corporation is TravCo Personal Insurance Company	
The corporation is a continuation of the existence of TravCo Personal Insurance Company, through its adoption of Connecticut as its corporate domicile. The corporation's date of incorporation is December 20, 1978, the original date of incorporation of TravCo Personal Insurance Company.	
<input type="checkbox"/> check box if additional pages are attached	

OFFICE USE ONLY  
(tab=9)☐ **3B. STATEMENT ELECTING BENEFIT CORPORATION STATUS***(Must check box 3B to elect benefit corporation status)*

The corporation elects to be a Benefit Corporation. In addition to the stated purposes for which the corporation is formed, the corporation shall also have the purpose to create a general public benefit as defined in the Connecticut Benefit Corporation Act.

**NOTE:** If the Benefit Corporation adopts one or more specific public benefits in addition to the required general public benefit, check box 3A in addition to 3B and set forth the specific public benefits in the space provided for in section 3A above.

**4. STATEMENT OF APPROVAL (required)** *(must check the box for only one statement, 4A, 4B, 4C or 4D)*

- ☒ **4A** THE AMENDMENT WAS APPROVED BY SHAREHOLDERS IN THE MANNER REQUIRED BY SECTIONS 33-600 TO 33-998 OF THE CONNECTICUT GENERAL STATUTES, AND BY THE CERTIFICATE OF INCORPORATION.
- ☐ **4B** THE AMENDMENT WAS APPROVED BY THE INCORPORATORS. NO SHAREHOLDER APPROVAL WAS REQUIRED.
- ☐ **4C** THE AMENDMENT WAS APPROVED BY THE BOARD OF DIRECTORS. NO SHAREHOLDER APPROVAL WAS REQUIRED.
- ☐ **4D** THE AMENDMENT WAS APPROVED BY A MINIMUM STATUS VOTE, AS REQUIRED BY THE CONNECTICUT BENEFIT CORPORATION ACT. SELECT D IF A MINIMUM STATUS VOTE RESULTED IN THE ELECTION OF BENEFIT CORPORATION STATUS.

**5. EXECUTION/SIGNATURE (required)** *(subject to penalty of false statement)*

DATE (mm/dd/yyyy) 07 / 28 / 2023

NAME OF SIGNATORY <i>(print or type)</i>	CAPACITY/TITLE OF SIGNATORY <i>(print or type)</i>	SIGNATURE
Ann B. Mulcahy	Assistant Corporate Secretary	▶ Ann B. Mulcahy





## STATE OF CONNECTICUT

### INSURANCE DEPARTMENT

This is to Certify, that the proposed Amended and Restated Certificate of Incorporation as well as proposed Amended and Restated Bylaws of Discover Property and Casualty Insurance Company, with respect to the change of name to TravCo Personal Insurance Company, have been reviewed and approved, effective June 5, 2023.

Witness my hand and official seal, at HARTFORD,

this 5<sup>th</sup> day of June, 2023

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

Insurance Commissioner



AMENDED AND RESTATED  
CERTIFICATE OF INCORPORATION  
OF  
TRAVCO PERSONAL INSURANCE COMPANY

Section 1. The name of the corporation is TravCo Personal Insurance Company.

Section 2. The business purposes and powers of said corporation shall be as follows:

The corporation shall have the purposes and powers to write fire, extended coverage and other allied lines, homeowners multiple perils, commercial multiple peril, earthquakes, growing crops, ocean and inland marine, accident and health, workers' compensation, liability, including automobile liability, automobile physical damage, aircraft, fidelity and surety, glass, burglary and theft, boiler and machinery, residual value insurance, credit, and any and all forms of property and casualty insurance which any other corporation now or hereafter incorporated in Connecticut and empowered to do insurance businesses may now or hereafter lawfully do; to accept or cede reinsurance; to issue policies and contracts for any kind or combinations of kinds of insurance; to acquire and hold any or all of the shares or other securities of any corporation or other entities; and to engage in any lawful act or activity for which corporations may be formed under the laws of Connecticut. The corporation is authorized to exercise the powers herein granted in any state, territory or jurisdiction of the United States or in any foreign country.

Section 3. The total number of shares which the corporation has authority to issue is forty-two thousand (42,000) shares of common stock, with a par value of \$150.00 dollars per share. All shares of common stock have unlimited voting rights and together are entitled to receive the net assets of the corporation upon dissolution.

Section 4. The principal place of business of the corporation in the State of Connecticut shall be One Tower Square, Hartford, Connecticut, 06183. The corporation may establish and maintain an office within or without the State of Connecticut or offices in such other places as the board of directors may from time to time find necessary or desirable.

Section 5. The personal liability to the corporation or its shareholders of a person who is or was a director of the corporation for monetary damages for breach of duty as a director shall be limited to the amount of the compensation received by the director for serving the corporation during the year of the violation if such breach did not (a) involve a knowing and culpable violation of law by the director, (b) enable the director or an associate, as defined in Section 33-840 of the Connecticut Business Corporation Act (the "CBCA") as in effect on the effective date hereof or as it may be amended from time to time, to receive an improper personal economic gain, (c) show a lack of good faith and a conscious disregard for the duty of the director to the corporation under circumstances in which the director was aware that his conduct or omission created an unjustifiable risk of serious injury to the corporation, (d) constitute a sustained and unexcused pattern of inattention that amounted to an abdication of the director's duty to the corporation, or (e) create liability under Section 33-757 of the CBCA as in effect on the effective date hereof or as it may be amended from time to time. The personal liability of a person who is or was a director to the corporation or its shareholders for breach of duty as a director shall further be limited to the full extent allowed by the CBCA as it may be amended from time to

time. Any lawful repeal or modification of this Section or the adoption of any provision inconsistent herewith by the board of directors and the shareholders of the corporation shall not, with respect to a person who is or was a director, adversely affect any limitation of liability, right or protection existing at or prior to the effective date of such repeal, modification or adoption of a provision inconsistent herewith.

Section 6.

- (1) The corporation shall indemnify its directors for liability, as defined in Section 33-770(5) of the CBCA, to any person for any action taken, or any failure to take any action, as a director, except liability that: (a) involved a knowing and culpable violation of law by the director; (b) enabled the director or an associate (as defined in Section 33-840 of the CBCA) to receive an improper personal gain; (c) showed a lack of good faith and conscious disregard for the duty of the director to the corporation under circumstances in which the director was aware that the director's conduct or omission created an unjustifiable risk of serious injury to the corporation; (d) constituted a sustained and unexcused pattern of inattention that amounted to an abdication of the director's duty to the corporation; or (e) created liability under Section 33-757 of the CBCA. Notwithstanding anything in the preceding sentence to the contrary, the corporation shall be required to indemnify a director in connection with a proceeding commenced by such director only if (i) the commencement of such proceeding by the director was authorized by the board of directors of the corporation or (ii) such proceeding was brought to establish or enforce a right of indemnification under this Section or the by-laws of the corporation. This Section shall not affect the indemnification or advance of expenses to a director for any liability stemming from acts or omissions occurring prior to the effective date of this Section. Any lawful repeal or modification of this Section or the adoption of any provision inconsistent herewith by the board of directors and the shareholders of the corporation shall not, with respect to a person who is or was a director, adversely affect the indemnification or advance of expenses to such person for any liability stemming from acts or omissions occurring prior to the effective date of such repeal, modification or adoption of a provision inconsistent herewith.
- (2) The corporation shall not be obligated by Section 33-776(d) of the CBCA to indemnify, or advance expenses, to any current or former employee or agent of the corporation who is not a director. However, the corporation may, at the discretion of the board of directors, indemnify, or advance expenses to, any current or former employee or agent of the corporation, who is not a director, to the fullest extent permitted by law.

TRAVELERS

EIC DISBURSEMENT PROCESSING  
1 TOWER SQUARE 6PB  
HARTFORD, CT 06183-1110  
20-ONL-668406 -

-0200N-00024 AP

TRAVELERS



CO:07000024000024

FLORIDA DEPARTMENT OF STATE  
AMENDMENT SECTION  
DIVISION OF CORPORATIONS  
PO BOX 6327  
TALLAHASSEE FL 32314

FORMAT: 900  
DATE: 09/06/2023  
PAYEE: ONL-668406  
CHECK NO: 0007374981  
AMOUNT: \$\*\*\*\*\*35.00

FOR PAYMENT INFORMATION  
PHONE: 1-651-310-7857

REFERENCE NO.	DATE	VOUCHER	GROSS AMT	NET AMOUNT
N/A	09/05/23	00712473	35.00	35.00
Discover Property & Casualty Name Change Fee				

DETACH HERE

(CPPCHECK) PAGE SEQ 00024

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TRAVELERS

20-ONL-668406

-0200N-00024 AP

CITIBANK N.A.  
USA  
New Castle DE 19720  
62-20/311

CHECK NUMBER 0007374981  
DATE 09/06/2023  
FORMAT 900

FOR PAYMENT INFORMATION PHONE: 1-651-310-7857

PAY Thirty-five dollars and Zero cents

\$\*\*\*\*\*35.00\*\*\*\*\*

PAY TO THE ORDER OF  
FLORIDA DEPARTMENT OF STATE  
AMENDMENT SECTION  
DIVISION OF CORPORATIONS  
PO BOX 6327  
TALLAHASSEE FL 32314

AUTHORIZED SIGNATURE

00073749810311002091

38618885