

855/77

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

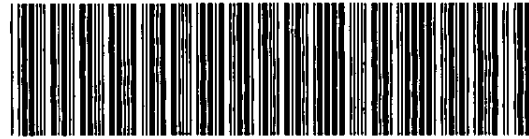
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 DEC 14 PM 4:07
STATE BAR OF CALIF.
ALAMOGADO COUNTY

Amend

JAN 08 2016

D CONNELL

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)

855177

(Document number of corporation (if known))

1. Heritage Casualty Insurance Company

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

2. Illinois

(Incorporated under laws of)

3. 12/31/1982

(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? _____

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)

(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.

Kansas

(New jurisdiction)

8. 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.

Nancy M. Liu

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

Nancy M. Liu

(Typed or printed name of person signing)

Assistant Secretary

(Title of person signing)

457-162-60
CD
53-57

KANSAS SECRETARY OF STATE

**Insurance Certificate of
Domestication**

CONTACT: Kansas Secretary of State, Chris Biggs

Memorial Hall, 1st Floor
120 S.W. 10th Avenue
Topeka, KS 66612-1594

(785) 296-4564
kssos@kssos.org
www.kssos.org

3331 01
053 057
\$35.00

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INSTRUCTIONS: All information must be completed or this document will not be accepted for filing.
Please read instructions sheet before completing.

**1. Name of the
corporation:**

Name must match the name on
record with the Secretary of State

Heritage Casualty Insurance Company

**2. Home state of
incorporation:**

Illinois

**3. Date of original
incorporation:**

June 4, 1974

**4. Principal place of
business:**

Address must be a street address
A P.O. box is unacceptable

7101 College Boulevard, Suite 1400

Street Address

Overland Park

City

KS

State

66210

Zip

**5. Resident agent and
registered office in
Kansas:**

Address must be a street address
A P.O. box is unacceptable

Catherine R. McBride

Name

7101 College Boulevard, Suite 1400

Street Address

Overland Park

City

Kansas

State

66210

Zip

The corporation hereby domesticates itself into Kansas as a Kansas domiciled insurance corporation. The corporation has received approval from the Kansas Insurance Department to domesticate in Kansas, evidenced by the stamp of approval on this certificate.

6. I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct and that I have remitted the required fee.

Nancy M. Liu
Signature of authorized officer

Nancy M. Liu

Name of signer (printed or typed)

12-19-2011

Date (month, day, year)

Assistant Secretary

Title

Approved for filing:

SANDY PRAGER
Commissioner of Insurance
Date: 12-20-11

K.S.A. 40-2.162