

5/12/2021

855305

Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
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COR AMND/RESTATE/CORRECT OR O/D RESIGN METROPOLITAN CASUALTY INSURANCE COMPANY

Certificate of Status	0
Certified Copy	1
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MAY 14 2021

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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)

855305

(Document number of corporation (if known))

1. Metropolitan Casualty Insurance Company
(Name of corporation as it appears on the records of the Department of State)
2. Rhode Island 3. 1/20/1983
(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? 4/29/2021

5. Farmers Casualty 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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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>
_____	_____	_____	Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	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.

DocuSigned by:



DC6AA93A4C434CA

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

J. Nicole Pryor

Secretary

(Typed or printed name of person signing)

(Title of person signing)

FILING FEE \$35.00



State of Rhode Island
Department of State | Office of the Secretary of State
Nellie M. Gorbea, Secretary of State

*The Office of the Secretary of State of the State of Rhode Island,
HEREBY CERTIFIES, that articles of amendment were filed in this office
on the twenty-ninth day of April, 2021 changing the insurance company
name from **METROPOLITAN CASUALTY INSURANCE COMPANY**
to **Farmers Casualty Insurance Company**.*

SIGNED AND SEALED this 11th
day of May, 2021.

Secretary of State

