

FOO 000000 2376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

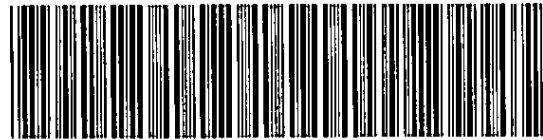
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/25/21--01011--007 **35.00

FILED
2021 MAY 25 AM 10:48
TALLAHASSEE, FL

JUL -1 2021
C Kinsey



WESTMONT
ASSOCIATES, INC.

May 21, 2021

via UPS delivery

Florida Department of State
Amendment Section
Divisions of Corporation
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**Re: MetLife Auto & Home Insurance Agency, Inc.
Foreign Corporation Name Change**

To Whom It May Concern:

Please consider the included Application for Amended Certificate of Authority regarding MetLife Auto & Home Insurance Agency, Inc. for your review and approval. On behalf of the above referenced agency, we are requesting to change the name and registered agent of the entity. Please make note of the following:

Original Name: MetLife Auto & Home Insurance Agency, Inc.

New Name: Farmers General Insurance Agency, Inc.

Also included, please find:

1. Evidence of the name change with the RI SOS, the state of domicile
2. RI Certificate of Good Standing
3. Check for \$35 for the filing fee.

Thank you for your time and attention. Please contact me directly at 856-216-0220 or at francois@westmontlaw.com should you have any questions or require any additional information.

Respectfully,

Francois Duris

Francois Duris

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: METLIFE AUTO & HOME INSURANCE AGENCY, INC.

Name of Corporation

DOCUMENT NUMBER: F00000002376

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Francois Duris

Name of Contact Person

Westmont Associates, Inc.

Firm/Company

1763 Marlton Pike East, Suite 200

Address

Cherry Hill, NJ 08003

City/State and Zip Code

maura.travers@farmersinsurance.com

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

For further information concerning this matter, please call:

Francois Duris

at (856) 216-0220

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee

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)

F00000002376

(Document number of corporation (if known))

1. METLIFE AUTO & HOME INSURANCE AGENCY, INC.

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

2. Rhode Island

(Incorporated under laws of)

3. 4/28/2000

(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? 4/8/2021

5. Farmers General Insurance Agency, Inc.

(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

Corporation Service Company

1201 Hays Street

(Florida street address)

New Registered Office Address:

Tallahassee

(City)

Florida 32301

(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.

Samantha Alterman

Signature of New Registered Agent, if changing

FILED
2021 MAY 25 AM 10:48
TALLAHASSEE, FL

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>
	Please see attached		<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

0. 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:

Maura C. Travers

(S - 8140A209E4B948E...

dent or other officer - if in the hands of
a receiver or other court appointed fiduciary, by that fiduciary)

Maura C. Travers

(Typed or printed name of person signing)

Assistant Secretary

(Title of person signing)

FILING FEE \$35.00

Farmers General Insurance Agency, Inc,
Officers/Directors/Owners

Please note, this is the addition and removal of officers and directors. All officers and directors already listed on Sunbiz.org per the Division of Corporations that are not removed below remain.

Name	Position/Title	Director	Address	Add/Remove
Guy Hanson	Director	X	700 Quaker Lane Warwick, RI 02886	Add
Timothy Henry	Director & President	X	700 Quaker Lane Warwick, RI 02886	Add
Peter Klute	Director, Vice President, Treasurer	X	700 Quaker Lane Warwick, RI 02886	Add
Sherman Lewis, Iii	Director	X	700 Quaker Lane Warwick, RI 02886	Add
Ronald Myhan	Director	X	700 Quaker Lane Warwick, RI 02886	Add
Matthew Bishop	Vice President		700 Quaker Lane Warwick, RI 02886	Add
Sean Curry	Vice President		700 Quaker Lane Warwick, RI 02886	Add
Jennifer Pryor	Secretary		700 Quaker Lane Warwick, RI 02886	Add
Charles P. Connery	Treasurer		One MetLife Way Whippany, NJ 07981	Remove
Richard A. Stevens	VP, Controller		700 Quaker Lane Warwick, RI 02886	Remove
Zulfi S. Ahmed	Senior VP, Chief Information Security Officer		201 MetLife Way Cary, NC 27511	Remove
Lorenzo E. Guadalupe	VP		11330 Olive Blvd. St. Louis, MO	Remove

Michelle A. Klotzbach	VP		11330 Olive Blvd. St. Louis, MO 63141	Remove
Aaron M. McClain	VP		200 Park Avenue New York, NY 10166	Remove
Albert Montoya	VP, And Investment Officer		One MetLife Way Whippany, NJ 07981	Remove
Kevin S. Redgate	SVP, Senior Investment Officer		One MetLife Way Whippany, NJ 07981	Remove
James S. Stevens	VP, Investment Officer		One MetLife Way Whippany, NJ 07981	Remove
Stephen C. Radis	VP, Investment Officer		One MetLife Way Whippany, NJ 07981	Remove
Charles S. Scully	Executive Vice President, Executive Investment Officer		One MetLife Way Whippany, NJ 07981	Remove



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

CERTIFICATE OF GOOD STANDING

I, Nellie M. Gorbea, Secretary of State and custodian of the seal and corporate records of the State of Rhode Island, hereby certify that:

Farmers General Insurance Agency, Inc.

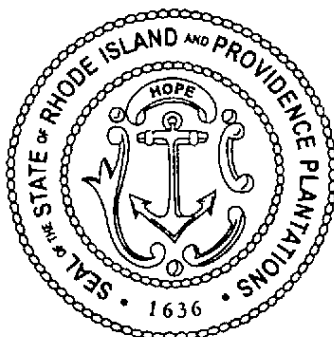
is a Rhode Island Business Corporation organized on **November 12, 1999**. I further certify that revocation proceedings are not pending; articles of dissolution have not been filed; all annual reports are of record and the corporation is active and in good standing with this office.

This certificate is not to be considered as a notice of the corporation's tax status, financial condition or business practices; such information is not available from this office.

SIGNED and SEALED on

May 13, 2021

Secretary of State



Certificate Number: 21050056210

Verify this Certificate at: <http://business.sos.ri.gov/CorpWeb/Certificates/Verify.aspx>

Processed by: aalbert



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 ninth day of April, 2021 changing the corporation name from MetLife Auto & Home Insurance Agency, Inc. to Farmers General Insurance Agency, Inc..

SIGNED AND SEALED this 4th
day of May, 2021.

Secretary of State

By





State of Rhode Island
Department of State - Business Services Division

Articles of Amendment
DOMESTIC Business Corporation

→ Filing Fee: \$50.00 (\$210 for an increase in authorized shares)

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2021 APR -9 P 1:19

Pursuant to the provisions of RIGL 7-1.2-905, the undersigned corporation adopts the following Articles of Amendment to its Articles of Incorporation:

1. Entity ID Number. 000109222	2. The name of the corporation is: MetLife Auto & Home Insurance Agency, Inc.												
3. The shareholders of the corporation (or, where no shares have been issued by the board of directors of the corporation) in the manner prescribed by RIGL 7-1.2 April 8, 2021 adopted the following amendment(s) to the Articles of Incorporation on.													
4. If the entity's name is changing, state the new name Farmers General Insurance Agency, Inc. <div style="text-align: right;">Check the box to indicate no change <input type="checkbox"/></div>													
5. If the total authorized shares are changing complete the following section: *List ALL authorized shares as of this amendment. <table border="1"><thead><tr><th>Total Authorized Shares (Number of Shares)</th><th>Class of Stock</th><th>Par Value Per Share</th></tr></thead><tbody><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr></tbody></table> <div style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></div>		Total Authorized Shares (Number of Shares)	Class of Stock	Par Value Per Share	_____	_____	_____	_____	_____	_____	_____	_____	_____
Total Authorized Shares (Number of Shares)	Class of Stock	Par Value Per Share											
_____	_____	_____											
_____	_____	_____											
_____	_____	_____											
6. If the period of its duration is changing complete the following section: CHECK ONE BOX ONLY <div><input type="checkbox"/> Perpetual (on-going)</div> <div><input type="checkbox"/> Date certain for dissolution _____ <div style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></div></div>													
7. If the entity's purpose is changing complete the following section: *The new purpose should include ALL activity to be transacted in the State of Rhode Island <div>Check the box to indicate an attachment <input type="checkbox"/></div> <div style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></div>													

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
APR 09 2021
KL 92F8M

STAMP

8. If adding or amending additional provisions, complete the following section.

Check the box to indicate an attachment ☐

Check the box to indicate no change ☒

9. As required by RIGL 7-12-105, the entity has paid all fees and taxes.

10. Date when these Articles of Amendment will be effective: **CHECK ONE BOX ONLY**

☒ Date received (Upon filing)

☐ Later effective date (Date must be no more than 90 days from the date of filing) _____

Under penalty of perjury, I declare and affirm that I have examined these Articles of Amendment, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of Authorized Officer of the Corporation

J. Nicole Pryor, Secretary

Date

April 8, 2021

Signature of Authorized Officer of the Corporation

DocuSigned by

Jennifer Nicole Pryor

RI SOS Filing Number: 202195632620 Date: 4/9/2021 1:19:00 PM



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

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

April 09, 2021 01:19 PM

A handwritten signature in black ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

