

F000000005119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

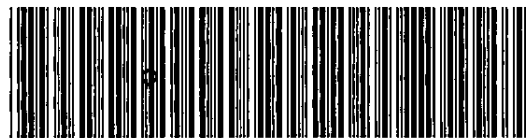
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/22/17--01012--007 **35.00

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2017 MAR 22 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend/changing
jurisdiction

MAR 24 2017
I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Developers Surety and Indemnity Company
Name of Corporation

DOCUMENT NUMBER:

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Janie V. Clark

Name of Contact Person

AmTrust North America, Inc.

Firm/Company

800 Superior Avenue, 21st Floor

Address

Cleveland, Ohio 44114

City/State and Zip Code

Janie.Clark@amtrustgroup.com

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

For further information concerning this matter, please call:

Colleen O'Leary

at (216) 525-5055

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:



\$35.00 Filing Fee



\$43.75 Filing Fee &
Certificate of Status



\$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)



\$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed)

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



AmTrust North America
An AmTrust Financial Company

Colleen O'Leary
Paralegal IV
Direct: (216) 525-5055
Fax: (216) 328-6447
Email: Colleen.O'Leary@amtrustgroup.com

March 21, 2017

VIA FEDEX

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**RE: Developers Surety and Indemnity Company – Redomestication;
NAIC #12718, UCAA Tracking No. 78276-000**

Dear Sir/Madam:

Pursuant to the above-captioned matter, enclosed please find the following:

1. Florida Division of Corporations Application by Foreign Profit Corporation to File Amendment to Application for Authorization to Transact Business in Florida;
2. Check no. 147651 in the amount of \$35.00 for filing.
3. Certificate of Compliance issued by the State of California.

Should you have any questions regarding the enclosed, please feel free to contact me directly at (216) 525-5055. Thank you for your assistance with this matter.

Sincerely,

Colleen O'Leary
Paralegal IV

Enc.

cc: Janie V. Clark, Esq.
Peter Kaplan, Florida Office of Insurance Regulation (w/o encl.)

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)

F00000005119
(Document number of corporation (if known))

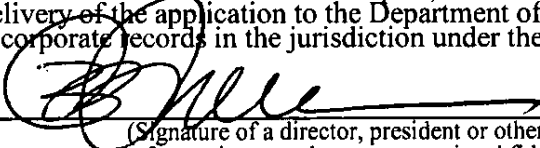
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2017 MAR 22 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Developers Surety and Indemnity
(Name of corporation as it appears on the records of the Department of State)
2. Iowa (Incorporated under laws of) 3. 06/14/1991 (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.
California
(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.


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

Barry W. Moses
(Typed or printed name of person signing)

Assistant Secretary
(Title of person signing)

Fee \$22.00

STATE OF CALIFORNIA
DEPARTMENT OF INSURANCE
SAN FRANCISCO

Certificate of Compliance

I, Magnolia Gutierrez, on behalf of the Insurance Commissioner of the State of California, do hereby certify that the

Developers Surety and Indemnity Company

of California, is duly organized under the laws of the State of California, and is licensed by this Department to issue policies and transact the business of

**Fire, Marine, Surety, Plate Glass, Liability, Boiler and Machinery,
Burglary, Sprinkler, Automobile, Legal, and Miscellaneous insurance.**

The Certificate of Authority is for an indefinite term but shall expire with the expiration or termination of the corporate existence of the holder thereof. Notwithstanding the foregoing, the Certificate of Authority may be suspended, revoked, or surrendered in the manner provided by statute.

IN WITNESS WHEREOF, I have set my hand and caused the official seal of the Insurance Commissioner to be affixed this 27th day of February, 2017.

Dave Jones
Insurance Commissioner

By


Magnolia Gutierrez