

FD2000002625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

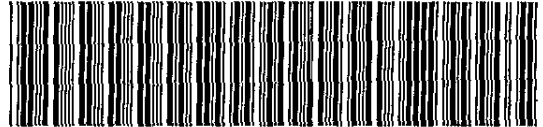
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600040819686

19/08/04--01072--008 **35.00

FILED

04 SEP -8 PM 12:40

CLERK OF STATE
TALLAHASSEE, FLORIDA

NC
MD 9/15

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Nonprofits Insurance Company
(Name of corporation)

DOCUMENT NUMBER: F02000002625

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lori Oleson

(Name of person)

Berkley Risk Administrators Company, LLC

(Name of firm/company)

222 S. 9th St., Ste 1300

(Address)

Minneapolis, MN 55402

(City/state and zip code)

For further information concerning this matter, please call:

Lori Oleson

(Name of person)

at (612) 766.3319

(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
409 E. Gaines Street
Tallahassee, FL 32399

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)

F02000002625

(Document number of corporation (if known))

FILED
04 SEP -8 PM 12:40
CLERK OF STATE
TALLAHASSEE, FLORIDA

1. Nonprofits Insurance Company
(Name of corporation as it appears on the records of the Department of State)
2. Minnesota
(Incorporated under laws of)
3. 05/14/2002 (date filed)
(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? at the close of business on June 30, 2004
5. Riverport 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)

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

David S. Kylo

(Typed or printed name of person signing)

September 2, 2004
(Date)

Vice President and Secretary
(Title of person signing)



MINNESOTA
DEPARTMENT OF
COMMERCE

85 7th Place East, Suite 500
St. Paul, Minnesota 55101-2198
651.296.4026 FAX 651.297.1959 TTY 651.297.3067

CERTIFICATE OF COMPLIANCE

State of Minnesota Department of Commerce

I, Glenn Wilson, hereby certify that I am the*

Commissioner of Commerce of the State of Minnesota

and have supervision of insurance business in said State and as such I hereby certify that

Riverport Insurance Company

domiciled in the State of Minnesota is authorized to transact the business of:

- | | |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> 1 Fire | <input checked="" type="checkbox"/> 9b Security & Drafts |
| <input checked="" type="checkbox"/> 2b Personal Property Floater | <input checked="" type="checkbox"/> 9c Personal Property Floater for Casualty Companies |
| <input checked="" type="checkbox"/> 3 Boiler & Machinery | <input checked="" type="checkbox"/> 9d Water Damage |
| <input checked="" type="checkbox"/> 5b Workers' Compensation | <input checked="" type="checkbox"/> 12 Automobile |
| <input checked="" type="checkbox"/> 6 Fidelity & Surety | <input checked="" type="checkbox"/> 13 General Liability |
| <input checked="" type="checkbox"/> 8 Glass | <input checked="" type="checkbox"/> 14 Elevator |
| <input checked="" type="checkbox"/> 9a Burglary & Theft | |

as specified in Minnesota Statutes, Section 60A.06, Subdivision 1, in this state in accordance with the laws thereof,
until the first day of June, 2005.

IN TESTIMONY WHEREOF, I have hereunto set my hand at St. Paul, Minnesota

on this 26th day of July, 2004.

GLENN WILSON



* Insurance Commissioner, Officer or Superintendent of Insurance authorized to certify to the Insurance business within the domiciliary state.