

2/3/2021

Division of Corporations

RESUBMIT

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

ORIGINAL FILE
 DATE

FR2000005739

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(((H21000047250 3)))



H210000472503ABCV

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To:

Division of Corporations
 Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY
 Account Number : I20000000195
 Phone : (850)521-0821
 Fax Number : (850)558-1515

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

COR AMND/RESTATE/CORRECT OR O/D RESIGN
SOUTHWEST REINSURE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

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February 4, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SOUTHWEST REINSURE, INC.
2400 LOUISIANA BLVD. NE, AFC 4
ALBUQUERQUE, NM 87110

SUBJECT: SOUTHWEST REINSURE, INC.
REF: F02000005739

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date 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 the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

FAX Aud. #: H21000047250
Letter Number: 221A00002561

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR
AUTHORIZATION TO TRANACT BUSINESS IN FLORIDA
(Pursuant to s 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F02000005739

(Document number of corporation (if known))

1. Southwest Reinsure, Inc.

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

2. New Mexico _____ 3. 11/18/2002 _____
(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? 01/01/2021 _____

5. IA American Warranty Corp.

(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 the amendment changes the jurisdiction of organization, indicate new jurisdiction.

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change.

REC'D
STATE
PH 3:44
ED

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<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

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.



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

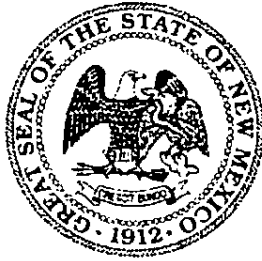
Joshua R. Pedelty

(Typed or printed name of person signing)

VP, Chief US Counsel, Corporation Secretary

(Title of person signing)

FILING FEE \$35.00



STATE OF NEW MEXICO
MAGGIE TOULOUSE OLIVER
SECRETARY OF STATE

CERTIFICATE OF COMPARISON
OF
iA American Warranty Corp.
1298306

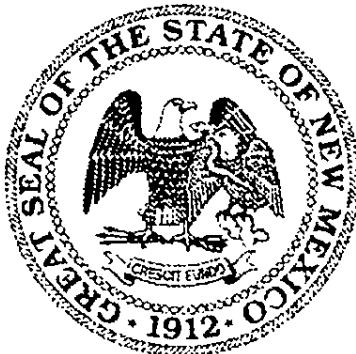
The Office of the Secretary of State certifies that the attached is a true and complete copy of the 3 page document on file in this office.

This Certification is in accordance with Section:

53-2-1 to 53-2-11 NMSA 1978

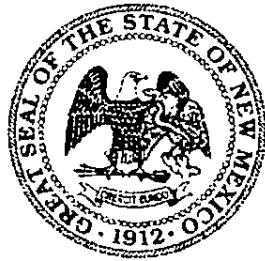
Dated: **January 25, 2021**

In testimony whereof, the Office of the Secretary of State has caused this certificate to be signed on this day in the City of Santa Fe, and the seal of said office to be affixed hereto.



Maggie Toulouse Oliver

Maggie Toulouse Oliver
Secretary of State



STATE OF NEW MEXICO
MAGGIE TOULOUSE OLIVER
SECRETARY OF STATE

Certificate of Amendment

OF

iA American Warranty Corp.

1298306

New Mexico

The Office of the Secretary of State certifies that the Articles of Amendment, duly signed and verified pursuant to the provisions of the

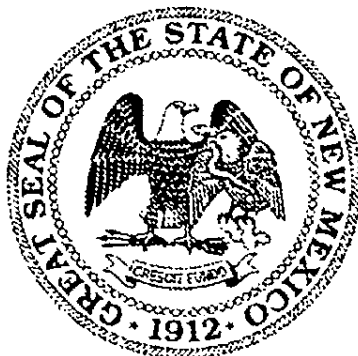
Business Corporation Act

53-11-1 to 53-18-12 NMSA 1978

have been received and are found to conform to law. Accordingly, by virtue of the authority vested in it by law, the Office of the Secretary of State issues this Certificate of Amendment and attaches hereto a duplicate of the Articles of Amendment.

Dated: **December 18, 2020**

In testimony whereof, the Office of the Secretary of State has caused this certificate to be signed on this day in the City of Santa Fe, and the seal of said office to be affixed hereto.



Maggie Toulouse Oliver

Maggie Toulouse Oliver
Secretary of State



STATE OF NEW MEXICO
MAGGIE TOULOUSE OLIVER
SECRETARY OF STATE

December 22, 2020

JOSHUA R. PEDELTY
P.O. BOX 30250
ALBUQUERQUE, NM 87190

RE: iA American Warranty Corp.
Business ID #: 1298306

The Office of the Secretary of State has approved and filed the Articles of Amendment for the above captioned corporation effective December 18, 2020. The enclosed Certificate of Amendment is evidence of filing and should become a permanent document of the corporation's records.

Please be advised that although the Certificate of Amendment has been approved, you must also comply with all other federal or state laws applicable to your corporation. This includes, but is not limited to state licensing requirements. It is the corporation's sole responsibility to obtain such compliance with all legal requirements applicable thereto prior to engaging in the business for which it has obtained approval of the referenced document.

If you have any questions, please contact the Business Services Division at (505) 827-3600 or toll free at 1-800-477-3622 for assistance.

Business Services Division

Office of the New Mexico Secretary of State
Filing Number: 0002101210
Filed On: 12/18/2020
Total Number of Pages: 1 of 1



STATE OF NEW MEXICO
MAGGIE TOULOUSE OLIVER
SECRETARY OF STATE

Type or Print Legibly
\$100 Filing Fee

Domestic Profit Corporation
Articles of Amendment

Pursuant to the provisions of the New Mexico Business Corporation Act the undersigned corporation adopts the following Articles of Amendment for the purpose of amending its Articles of Organization:

Article One: The name of the company as currently registered and business ID number:
Southwest Reinsure, Inc. (#1298306)

Email Address: jpedelfy@dealersassurance.com Phone Number: 319-538-4496

Article Two: The Articles of Organization are amended as follows: (please reference the article number from your original Articles of Organization being amended along with the amended information)

Article I: The name of the corporation shall be IA American Warranty Corp.

Article Three: Select the applicable statement, and complete accordingly

No shares have been issued. The amendment was adopted by a resolution of the board of directors on the following date _____

OR

Shares have been issued and the amendment was adopted by a majority vote of the shareholders entitled to vote on the following date: November 12, 2020

Number of shares issued:	1,000	Number of shares entitled to vote:	1,000
Number of shares voted for amendment:	1,000	Number of shares voted against amendment:	0

Article Four: The manner in which any exchange, reclassification, or cancellation of issued shares provided for in the amendment shall be effected is as follows: (complete only if applicable)

December 15, 2020
Executed Date

January 1, 2021
Future Effective Date (optional)

Signature of Officer
Joshua R. Pedelfy, Corporate Secretary
Printed Name and Title

325 DON GASPAR, SUITE 300 | SANTA FE, NEW MEXICO 87501
PHONE: (505) 827-3600 or (800) 477-3632 | FAX: (505) 827-8081
WWW.SOS.STATE.NM.US

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SOS
December 18 2020



STATE OF NEW MEXICO
MAGGIE TOULOUSE OLIVER
SECRETARY OF STATE

Document Delivery Instruction Form
Please fill out in its entirety

Contact Name: Joshua R. Pedelty

Contact Phone Number: 319-538-4496

Attention: Joshua R. Pedelty

Mailing Address: 15920 Addison Road

<u>Addison</u>	<u>Texas</u>	<u>75001</u>
City	State	Zip code

Email Address: jpedelty@dealersassurance.com

Please choose how the document should be returned to you
Only one option available for delivery

- Mail
- Email
- Pick Up

Documents listed for pick up must be picked up within five business days or documents will be mailed.
All rejected documents will be mailed to the address provided.

325 DON GASPAR, SUITE 300 | SANTA FE, NEW MEXICO 87501
PHONE: (505) 827-3600 or (800) 477-3632 | FAX: (505) 827-8061
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Department Bureau
DEC 18 2021



STATE OF NEW MEXICO
MAGGIE TOULOUSE OLIVER
 SECRETARY OF STATE

SOUTHWEST REINSURE INC.
 P.O. BOX 30250
 ALBUQUERQUE, NM 87190

PAYMENT RECEIPT

PAYMENT RECEIPT NUMBER: **2016818633**
 PROCESSED DATE: **12/18/2020**

PAYEE INFORMATION

Payee: SOUTHWEST REINSURE INC P.O. BOX 30250 ALBUQUERQUE, NM 87190	Payee ID: 000220720
Email:	Telephone Number:

BILLING INFORMATION

Name and Address: SOUTHWEST REINSURE INC. P.O. BOX 30250 ALBUQUERQUE, NM 87190	Billing ID: 000220720
Email:	Telephone Number:

TRANSACTION DESCRIPTION

Transaction Category:	Transaction Item:	Filing Date:
Replenish Account Balance	Replenish Account Balance	12/18/2020
Workorder Number: 2016818633	Total Quantity: 1	

PAYMENT INFORMATION

Fee/Refund Amount: \$100.00	Payment Total: \$100.00	Amount Due: \$0.00
Prepaid Account Balance: \$100.00	Payment Type: Check 0061116 FOR \$100.00	