

F03 0000001945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

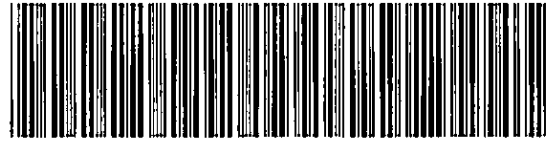
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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August 11th, 2020

Florida Division of Corporations
Amendment Section
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**RE: Foreign Corporation Name Change:
Maiden Reinsurance North America, Inc. to Fletcher Reinsurance Company
Document Number: F03000001945**

To Whom It May Concern,

On behalf of Maiden Reinsurance North America, Inc., please find enclosed the following documents to amend the company's name to Fletcher Reinsurance Company:

- Cover letter
- Foreign Profit Corporation Amendment form
- Check payment in the amount of \$35.00
- Certified copy of the company's Amendment of Articles, issued by the Missouri Secretary of State

For any return correspondence, please use the prepaid shipping label included within. If you have any questions or concerns, please do not hesitate to contact me via email at Shamiha.khan@enstargroup.com.

Thank you.

Sincerely,

A handwritten signature in dark ink, appearing to read "Shamiha Khan".

Shamiha Khan
Paralegal
Enstar (US) Inc.
411 Fifth Avenue, 5th Floor
New York, NY 10016
(212)-790-9834
Shamiha.khan@enstargroup.com

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Maiden Reinsurance North America, Inc.

Name of Corporation

DOCUMENT NUMBER: F03000001945

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shamiha Khan- Legal Dept.

Name of Contact Person

Enstar (US) Inc.

Firm/Company

411 Fifth Avenue, 5th Fl.

Address

New York, NY 10016

City/State and Zip Code

shamiha.khan@enstargroup.com

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

For further information concerning this matter, please call:

Name of Contact Person

at (_____) _____

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
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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)

F03000001945

(Document number of corporation (if known))

1. Maiden Reinsurance North America, Inc.

(Name of corporation as it appears on the records of the Department of State)
2. Missouri 3. 4/17/2003

(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? January 23rd, 2020
5. Fletcher Reinsurance 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>
_____	_____	_____	<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.

Thomas J. Balkan

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

Thomas J. Balkan

(Typed or printed name of person signing)

Secretary

(Title of person signing)

FILING FEE \$35.00

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

CORPORATION DIVISION CERTIFICATE OF CORPORATE RECORDS

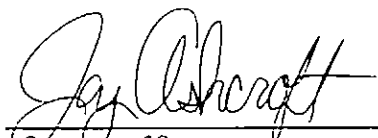
Fletcher Reinsurance Company

I00487141

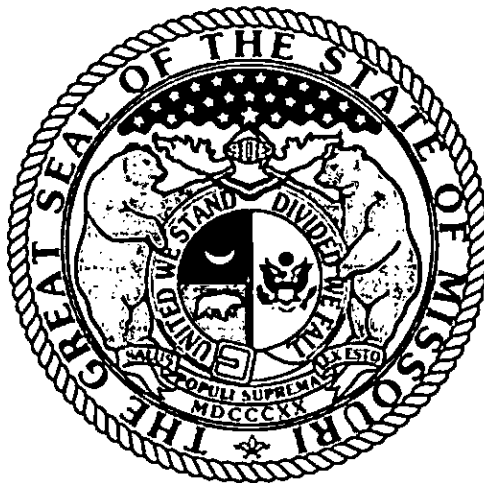
I, John R. Ashcroft, Secretary of State of the State of Missouri and Keeper of the Great Seal thereof, do hereby certify that the annexed pages contain a full, true and complete copy of the original documents on file and of record in this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri.

Done at the City of Jefferson, the 07/31/2020


Secretary of State

Certification Number: CERT-IN12477



CERTIFICATE OF AMENDMENT OF ARTICLES

(to be executed in triplicate)

We, the undersigned president or vice president and secretary or assistant secretary, on our oaths swear and certify to the truth of the following statements:

(1) NAME OF THE INSURANCE COMPANY: **Fletcher Reinsurance Company**

IF THE NAME OF THE INSURANCE COMPANY CHANGED AS A RESULT OF THIS AMENDMENT, THE NAME OF THE INSURANCE COMPANY IMMEDIATELY BEFORE THIS AMENDMENT WAS

Maiden Reinsurance North America, Inc.

(2) THE DATE OF THE ADOPTION OF THE AMENDMENT BY THE SHAREHOLDERS, MEMBERS OR OTHER GROUP OF PERSONS ENTITLED TO VOTE ON THE AMENDMENT: November 11, 2019

(3) THE AMENDMENT ADOPTED (attach additional pages if necessary):

Article I is amended to read as follows:

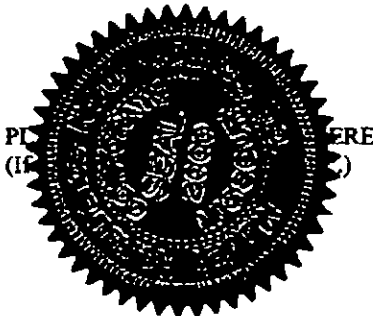
The name of the Corporation is Fletcher Reinsurance Company, a Missouri Corporation.

(4) THE NUMBER OF SHARES, MEMBERS, OR OTHER GROUP OF PERSONS ENTITLED TO VOTE, OR IF A MUTUAL, THE NUMBER OF THE MEMBERS PRESENT EITHER IN PERSON OR BY PROXY ENTITLED TO VOTE: Of the 20,000 shares outstanding, 20,000 of such shares were entitled to vote on such amendment.

(5) THE NUMBER OF SHARES, MEMBERS OR OTHER GROUP OF PERSONS THAT VOTED FOR AND AGAINST SAID AMENDMENT RESPECTIVELY: For: 20,000 Against: 0

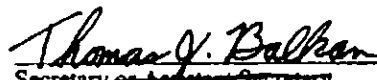
(6) IF THE AMENDMENT EFFECTS A CHANGE IN THE NUMBER OR PAR VALUE OF AUTHORIZED SHARES, THEN A STATEMENT SHOWING THE NUMBER OF SHARES AND PAR VALUE THEROF

PREVIOUSLY AUTHORIZED: _____





President or Vice President



Secretary or Assistant Secretary

ORI-01292020-2772 State of Missouri

No of Pages 2 Pages



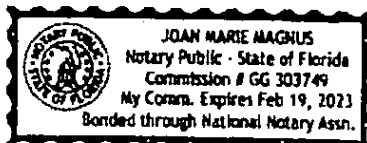
Articles of Amendment

State of FLORIDA

County of PINELLAS

Subscribed and sworn to before me this 21 day of November, 2019.

NOTARIAL SEAL



Joan Marie Magnus
NOTARY PUBLIC
My Commission expires Feb 19, 2023

CERTIFICATE OF AMENDMENT OF THE DIRECTOR OF COMMERCE & INSURANCE

(This certificate may be filled out only by the Director of Commerce & Insurance)

I certify that I have examined the above Certificate of Amendment of Articles as executed by the insurance company and find that it conforms to law, that the proceedings were regular, that the condition and the assets of the company justify the amendment, and that the same will not be prejudicial to the interests of the policyholders, all as provided by law.

So Certified, Signed, and Official Seal Affixed on this date: January 17, 2020

Chlora Lindley-Myers
Chlora Lindley-Myers, Director
Department of Commerce & Insurance



STATE OF MISSOURI



John R. Ashcroft
Secretary of State

CERTIFICATE OF AMENDMENT

I, JOHN R. ASHCROFT, Secretary of the State of Missouri, do hereby certify that

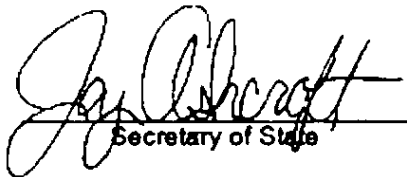
Fletcher Reinsurance Company
100487141

FORMERLY

Maiden Reinsurance North America, Inc.

a corporation organized under the laws of Missouri, has delivered to me and that I have filed its Certificate of Amendment of its Articles of Incorporation; that said Corporation has in all respects complied with the requirements of law governing the Amendment of Articles of Incorporation and the said Articles are amended in accordance therewith.

IN TESTIMONY WHEREOF, I hereunto set my hand and
cause to be affixed the GREAT SEAL of the State of Missouri.
Done at the City of Jefferson, this 23rd day of January, 2020.


Secretary of State

