

F03000003862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

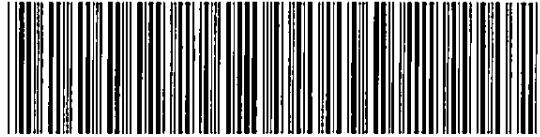
(Business Entity Name)

(Document Number)

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2024 MAR 21 AM 9:31

2024 MAR 21 PM 3:18

TALLAHASSEE, FLORIDA

TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE :

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : 3/29/24

ORDER TIME :

ORDER NO. :

CUSTOMER NO:

FOREIGN FILINGS

NAME: ONSTAR NATIONAL INSURANCE COMPANY

☒ CORPORATE
☐ LIMITED PARTNERSHIP
☐ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: SHAUNA GODBOLT

EXAMINER: _____

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: **ONSTAR NATIONAL INSURANCE COMPANY**

Name of Corporation

DOCUMENT NUMBER: **F03000003862**

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brandon C Ellison

Name of Contact Person

GM National Insurance Company

Firm/Company

801 Cherry Street Suiet 3500

Address

Fort Worth Texas 76102

City/State and Zip Code

brandon.ellison@gmfinancial.com

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

For further information concerning this matter, please call:

Gloria Camacho

Name of Contact Person

at (**817**) **302-7178**

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 28, 2024

CSC

RESUBMIT
Please give original
submission date as file date.

SUBJECT: ONSTAR NATIONAL INSURANCE COMPANY
Ref. Number: F03000003862

We have received your document for ONSTAR NATIONAL INSURANCE COMPANY and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Need a certificate showing the Name was changed from Onstar National Insurance Company to Gm National Insurance Company.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 724A00006256

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2024 MAR 29 PM 3:16
TALLAHASSEE, FLORIDA

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)

F03000003862

(Document number of corporation (if known))

1. ONSTAR NATIONAL INSURANCE COMPANY

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

2. Illinois

(Incorporated under laws of)

3. 08/05/2003

(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? February 13 2024

5. GM NATIONAL 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)

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:

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<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Add
		<hr/>	<input type="checkbox"/> Remove
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		<hr/>	<input type="checkbox"/> Remove
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		<hr/>	<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.

Andrew Rose

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

Andrew Paul Rose

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE \$35.00
CSC AMEND-10203

FILED
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TALLAHASSEE, FLORIDA

STATE OF ILLINOIS

DEPARTMENT OF INSURANCE



AMENDED CERTIFICATE OF AUTHORITY

WHEREAS, GM National Insurance Company (formerly OnStar National Insurance Company) located at DuPage County, Illinois, has complied with the requirements of the "*Illinois Insurance Code*" applicable to said Company:

NOW, THEREFORE, I, the undersigned, Director of Insurance of the State of Illinois, do hereby authorize the said Company to transact its appropriate business as set forth under Clause(s)

(b), (c), (d), (e), (f), (g), (h), (i), (j), (k) of Class 2
(a), (b), (c), (d), (e), (f), (g), (h) of Class 3

of Section 4 of the "*Illinois Insurance Code*" in this State, in accordance with the laws thereof.

DEPARTMENT OF INSURANCE of the State
of Illinois;

DATE: 1/11/2024

Dana Popish Severinghaus sw
DANA POPISH SEVERINGHAUS
DIRECTOR OF INSURANCE

