# F04000001687

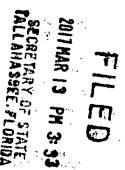
| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
| (Address)                               |  |  |  |  |
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| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
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### **COVER LETTER**

| TO: Amendment Section Division of Corporations   |
|--|
| SUBJECT: Quanta Indemnity Company  |
| Name of Corporation  |
| DOCUMENT NUMBER: F04000001687  |
| The enclosed Amendment and fee are submitted for filing.   |
| Please return all correspondence concerning this matter to the following:  |
| Jamie Coleman  |
| Name of Contact Person   |
| Greyhawk Insurance Company   |
| Firm/Company   |
| 212 Maple Ave.   |
| Address  |
| Red Bank, NJ 07701   |
| City/State and Zip Code  |
| Jamie.Coleman@Greyhawkinsurance.com  E-mail address: (to be used for future annual report notification)  |
| For further information concerning this matter, please call:   |
| Jamie Coleman at (469 ) 626-2796   |
| Name of Contact Person at (469 ) 626-2796  Area Code & Daytime Telephone Number  |
| Enclosed is a check for the following amount:  |
| \$35,00 Filing Fee  X \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed) |
| Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle<br>Tallahassee, FL 32301     |

## 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)

F04000001687

| ·   |  |
|---|--|
| (Do   | ocument number of corporation (if known)   |
| Quanta Indemnity Company  | AREN   |
| (Name of corporation  | on as it appears on the records of the Department of State)  |
| . Colorado  | 3 March 18, 2004   |
| 2. (Incorporated under laws of  |  |
| (incorporated under laws of   | (Date authorized to do businessed Finds)   |
| (4-7 сом  | SECTION II PLETE ONLY THE APPLICABLE CHANGES)  |
|   | the corporation, when was the change effected under the laws of  |
| its jurisdiction of incorporation? 12/8/  | 2016   |
| 5. Greyhawk Insurance Company   |  |
| appropriate abbreviation, if not contain  | ent, adding suffix "corporation," "company," or "incorporated." or ned in new name of the corporation) enter alternate corporate name adopted for the purpose of transacting |
| •   | f duration, indicate new period of duration.   |
| n/a   |  |
| <del> </del>  | (New duration)   |
|   | on of incorporation, indicate new jurisdiction.  |
| n/a   | (New jurisdiction)   |
| 8. Attached is a certificate or document of 90 days prior to delivery of the application having custody of corporate records in t | (New jurisdiction)  similar import, evidencing the amendment, authenticated not more to the Department of State, by the Secretary of State or other officially incorporated. |
| !   | Witaury  |
| (Signature of of a receiver   | f a director, president or other officer - if in the hands r or other court appointed fiduciary, by that fiduciary)  |
| William Lowry   | CFO and Treasurer  |
| (Typed or printed name of person s  |  |

APPROVED FOR FILING
WSURANCE DIVISION
DATE
BY

APPROVED AS TO FORM
BY
ASSISTANT ATTORNEY GENERAL
DATE
1/20/17

ARTICLES OF AMENDMENT OF THE ARTICLES OF INCORPORTION OF

QUANTA INDEMNITY COMPANY
The name of which is hereby changed to
GREYHAWK INSURANCE COMPANY

Quanta Indemnity Company, a Colorado corporation and insurance company (the "Company") does hereby amend its Articles of Incorporation, as heretofore amended as follows:

1. Article I of the Articles of Incorporation is amended to read in its entirety as follows:

### ARTICLE I

Section 1. Name. The name of the Company is Greyhawk Insurance Company (the "Company").

- 2. This Amendment to the Articles of Incorporation shall be effective upon filing with the Secretary of State of the State of Colorado.
- 3. The Amendment to the Articles of Incorporation was proposed by the sole shareholder of the Company, which owns of record and beneficially all of the issued and outstanding common stock of the Company and adopted by the written consent of such sole shareholder. The sole shareholder of the Company is entitled to vote to amend the Articles of Incorporation of the Company. No action by the Directors of the Company was required to effect or authorize this Articles of Amendment because such Articles of Amendment were proposed, considered and authorized by the sole shareholder of the Company in the manner authorized by the Colorado Revised Statutes.

Witness the due execution of these Articles of Amendment this 8th day of December 2016.

**OUANTA INDEMNITY COMPANY** 

W. Bradley Perinnan, Senior Vice President

And Assistant Treasurer

Ryan Kirby, Senior Vice President, Secretary and General Counsel

### OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

### CERTIFICATE OF DOCUMENT FILED

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office, the attached document is a true and complete copy of the

Articles of Amendment

with Document # 20171101210 of Greyhawk Insurance Company

Colorado Corporation

(Entity ID # 19871200581)

consisting of 3 pages.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 02/09/2017 that have been posted, and by documents delivered to this office electronically through 02/14/2017@06:56:41.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 02/14/2017 @ 06:56:41 in accordance with applicable law. This certificate is assigned Confirmation Number 10075607



Secretary of State of the State of Colorado

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*End of Certificate\*

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/ click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."

### OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

### CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Greyhawk Insurance Company

is a

### Corporation

formed or registered on 05/16/1968 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19871200581.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 02/09/2017 that have been posted, and by documents delivered to this office electronically through 02/14/2017 @ 07:17:32.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 02/14/2017 @ 07:17:32 in accordance with applicable law. This certificate is assigned Confirmation Number 10075623 .



Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."



Document must be filed electronically.

Paper documents are not accepted.

Fees & forms are subject to change.

For more information or to print copies of filed documents, visit www.sos.state.co.us.

Colorado Secretary of State

Date and Time: 02/03/2017 01:28 PM

ID Number: 19871200581

Document number: 20171101210

Amount Paid: \$25.00

ABOVE SPACE FOR OFFICE USE ONLY

### **Articles of Amendment**

filed pursuant to §7-90-301, et seq. and §7-110-106 of the Colorado Revised Statutes (C.R.S.)

| ID number:  | 19871200581  |  |  |  |
|---|--|--|--|--|
| 1. Entity name:   | Greyhawk Insurance Company  (If changing the name of the corporation, indicate name before the name change)                  |  |  |  |
| 2. New Entity name: (if applicable)   |  |  |  |  |
| 3. Use of Restricted Words (if any of these terms are contained in an entity name, true name of an entity, trade name or trademark stated in this document, mark the applicable box): | "bank" or "trust" or any derivative thereof "credit union" "savings and loan" "insurance", "casualty", "mutual", or "surety" |  |  |  |
| 4. Other amendments, if any, are attached.  |  |  |  |  |
| 5. If the amendment provides for an excha states the provisions for implementing the  | nge, reclassification or cancellation of issued shares, the attachment ne amendment.   |  |  |  |
| 6. If the corporation's period of duration as amended is less than perpetual, state the date on which the period of duration expires:   | (mm/dd/yyyy)   |  |  |  |
| or  |  |  |  |  |
| If the corporation's period of duration as  | s amended is perpetual, mark this box:   |  |  |  |
| 7. (Optional) Delayed effective date:   | (mm/dd/yyyy)   |  |  |  |
| Nation:   |  |  |  |  |

#### Notice:

Causing this document to be delivered to the secretary of state for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the secretary of state, whether or not such individual is named in the document as one who has caused it to be delivered.

8. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing:

| Zayac                      | Nicole               |   |          |  |  |
|----------------------------|----------------------|---|----------|--|--|
| (Last)                     | (First)              |   | (Middle) |  |  |
| 1 Post Street              |                      |   |          |  |  |
| (Street name an            | d number or Post Off | fice inform                             | nation)  |  |  |
| San Francisco              | CA                   | 94104                                   |          |  |  |
| (City)                     | (State)<br>United S  | (State) (Postal/Zip Code) United States |          |  |  |
| (Province - if applicable) | (Country)            | (Country - if not US)                   |          |  |  |

(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box and include an attachment stating the name and address of such individuals.)

### Disclaimer:

This form, and any related instructions, are not intended to provide legal, business or tax advice, and are offered as a public service without representation or warranty. While this form is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form. Questions should be addressed to the user's attorney.