

F04000001908

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

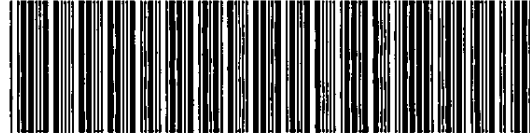
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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15 DEC -2 AM 8:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 04 2015

RECEIVED

*Handwritten signature*

Rhett Sing  
Tel. 415.875.4033  
Fax 415.875.4071  
[rsing@esurance.com](mailto:rsing@esurance.com)

December 1, 2015

VIA FEDEX

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Re: Esurance Property and Casualty Insurance Company (NAIC #30210) ("ESPC")  
Amendment to State of Domicile**

Dear Sir or Madam:

Enclosed please find ESPC's Profit Corporation, Application by Foreign Profit Corporation to File Amendment to Application for Authorization to Transact Business in Florida, completed and signed by ESPC's secretary, Charles S. Lee.

As stated in the enclosed Cover Letter, in addition to payment of the filing fee for the amendment, ESPC is also requesting a Certificate of Status and Certified Copy. Also enclosed is a Check in payment of \$52.50, along with a copy of the amendment form for certification.

Finally, in support of the requested amendment, enclosed is one Certified Copy of the letter from the State of Wisconsin, Office of the Commissioner of Insurance approving ESPC's redomestication to the State of Wisconsin and a copy of the letter from the California Department of Insurance approving the same, as well as copies of ESPC's current Wisconsin Certificate of Authority and Certificate of Compliance.

Please forward the Certificate of Status and Certified Copy to me at the following address:

Rhett Sing  
Esurance  
650 Davis Street  
San Francisco, CA 94111

If you should have any questions or need anything further, please contact me at [rsing@esurance.com](mailto:rsing@esurance.com) or at (415) 875-4033.

Sincerely,



Rhett Sing  
Senior Paralegal

Enclosures

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Esurance Property and Casualty Insurance Company  
Name of Corporation

**DOCUMENT NUMBER:** F04000001908

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rhett Sing

Name of Contact Person

Esurance Property and Casualty Insurance Company

Firm/Company

650 Davis Street

Address

San Francisco, CA 94111

City/State and Zip Code

rsing@esurance.com

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

For further information concerning this matter, please call:

Rhett Sing

at (415) 875-4033

Name of Contact Person

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  
Clifton Building  
2661 Executive Center Circle  
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)**

F04000001908

(Document number of corporation (if known))

1. Esurance Property and Casualty Insurance Company

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

2. Wisconsin

(Incorporated under laws of)

3. November 30, 2004

(Date authorized to do business in Florida)

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SECRETARY OF STATE  
TALLAHASSEE, 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? N/A

5. N/A

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

N/A

(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.

N/A

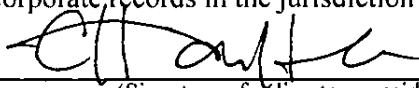
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

Wisconsin

(New jurisdiction)

8. 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)

Charles S. Lee

(Typed or printed name of person signing)

Vice President and Secretary

(Title of person signing)