F050000164

(1	Requestor's Name)				
(,	Address)				
	Address)				
(0	City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of	Status			
Special Instructions to Filing Officer:					
	,				
<u> </u>					





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09/10/12--01034--010 **52.50

CUREIARY OF STATE





111 South Wacker Drive Chicago, IL 60606 Telephone: 312-443-0700 Fax: 312-443-0336 www.lockelord.com

Tim Farber
Direct Telephone: 312-443-0532
Direct Fax. 312-896-6552
tfarber@lockelord.com

September 7, 2012

BY FEDEX

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

Re: Redomestication of First Nonprofit Insurance Company

Gentlemen:

In connection with the redomestication of First Nonprofit Insurance Company, we are enclosing the following:

- 1. Application for Amendment and Cover Letter.
- 2. Original Certified Charter Documents issued by the State of Delaware on August 7, 2012, along with Order dated June 29, 2012 showing redomestication.
- 3. Check in the amount of \$52.50 in payment of the fees for the amendment.

Please do not hesitate to contact the undersigned with any questions.

Very truly yours,

Tithen

Tim Farber

TF:rls

Enclosures

COVER LETTER

TO: Amendment Section

Division of Corporations								
SUBJECT: First Nonpro	First Nonprofit Insurance Company Name of Corporation							
	•							
DOCUMENT NUMBER:	F05000000164							
The enclosed Amendment and fee are subm	itted for filing.							
Please return all correspondence concerning	this matter to the following:							
Tim Farber								
Name of Contact Person								
Locke Lord LLP								
Firm/Company								
111 South Wacker Drive								
Address								
•								
Chicago, IL 60606 City/State and Zip Code								
City/state and Zip Code								
tfarber@lockelord.co								
E-mail address: (to be used for future annu	al report notification)							
For further information concerning this mat	ter, please call:							
Tim Farber	at (312) 443-0532 Area Code & Daytime Telephone Number							
Name of Contact Person	Area Code & Daytime Telephone Number							
Enclosed is a check for the following amoun	nt:							
\$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)

		000000 umber of corporation			
1. First	Wen profit Ins (Name of corporation as it ap	urase C	orifary		
	Rame of corporation as it ap				1)
,	(4-7 COMPLETE O	SECTION II			,
	changes the name of the corporation?		_	ınder the laws	of
5. (Name of corpora appropriate abbr	tion after the amendment, add eviation, if not contained in ne	ing suffix "corpor ew name of the co	ation," "company," o rporation)	r "incorporated	d," or
(If new name is un business in Floric	navailable in Florida, enter alte da)	ernate corporate na	ame adopted for the po	urpose of trans	sacting
6. If the amendment	changes the period of duration	n, indicate new pe	riod of duration.	SEP 19 I	
7. If the amendment	changes the jurisdiction of inc		ate new jurisdiction.	ETARY OF STATE HASSEE. FLORIDA	D
8. Attached is a certi 90 days prior to de having custody of	ificate or document of similar elivery of the application to the corporate records in the jurisc			henticated not of State or oth orporated.	more that ter officia
	a director, president or other officer or other court appointed fiduciary, by		Senior UP	+ Socreta	ng