F05000000164

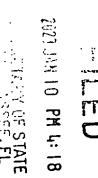
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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01/10/23--01007--011 **43.75



* First Nonprofit Insurance Company 800 Superior Avenue E • 21st Floor • Cleveland, OH 44114 (p) 800.526.4352 • (f) 312.239.8368

Via FedEx Overnight

January 6, 2023

Florida Department of State Division of Corporations Amendments Section P.O. Box 6327 Tallahassee, FL 32314

Re: First Nonprofit Insurance Company (Florida Document No. F05000000164)

Application by Foreign Profit Corporation to File Amendment to Application for Authorization to Transact Business in Florida – filing fee \$43.75

Dear Sir or Madam:

Enclosed for filing, please find an executed Application by Foreign Profit Corporation to File Amendment to Application for Authorization to Transaction Business in Florida for First Nonprofit Insurance Company, a Delaware corporation authorized to transact businesss in Florida (the "Company").

The purpose of this filing is to report the change of the Company's name to **Park National Insurance Company**, which was filed with the office of the Delaware Secretary of State effective December 31, 2022. Also included are the following documents:

- A Good Standing Certificate for the Company, issued by the Delaware Secretary of State effective January 3, 2023; and
- A check in the amount of \$43.75 for the \$35.00 filing fee, plus \$8.75 for a certified copy of the completed filing.

Please return evidence of the completed filing to my attention at the following address:

AmTrust Financial Services, Inc. Attn: Ben Pogany 800 Superior Avenue E., 21st Floor Cleveland, OH 44114

If you have any questions or require additional information, please feel free to contact me at (216) 727-4764 or via email at benjamin.pogany@amtrustgroup.com. Thank you for your time.

Sincerely.

Ben Pogany

Paralegal, Regulatory and Governance

Enclosures

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)

F05000000164					
(Docume	ent number of corporation (if know	n)			
First Nonprofit Insurance Company					
(Name of corporation as	it appears on the records of the De	partment of Sta	ite)		
Delaware	301/11/2005				
(Incorporated under laws of)	(Date au	thorized to do l	ousiness in Flo	orida)	
	SECTION II				
(4-7 COMPLET	E ONLY THE APPLICABLE C	HANGES)			
If the amendment changes the name of the corporation incorporation? 12/29/2022	i, when was the change effected un	der the laws of	its jurisdiction	ı of	
Park National Insurance Company					
(Name of corporation after the amendment, adding su not contained in new name of the corporation)	ffix "corporation," "company," or	"incorporated."	or appropriate	e abbre	viation.
not contained in new name of the corporation)					
			ale o books on	in 171	5. 1 \
(If new name is unavailable in Florida, enter alternate)	corporate name adopted for the pul	pose of transac	ting business	in Fior	ida)
. If the amendment changes the period of duration.	indicate new period of duration.				
			1	~	
 	(Many Institute)	_	• • •	23.	ود مد
	(New duration)		1.44		غ) دخص
If the amendment changes the jurisdiction of inco	orporation, indicate new jurisdictio	n.	25.5 25.5 25.5 25.5 25.5 25.5 25.5 25.5	023 JAN 10 PH 4: 18	
	(New jurisdiction)		- النارية التاريخ	خنہ جے	D
	The a junation of		고로		
If amending the registered agent and/or registered	office address in Florida, enter t	he name of the	, m	ω	
new registered agent and/or the new registered off		name of the	<u>-</u>		
Name of New Registered Agent					
			<u>-</u>		
	(Florida street address)				
New Registered Office Address:	<u></u>	, Florida_	<u> </u>		
	(City)		(Zip Code)		
New Registered Agent's Signature, if changing Re	gistered Agent:				
I hereby accept the appointment as registered agent.	Lam familiar with and accent the	obligations of t	he position.		

Signature of New Registered Agent, if changing

Title/ Capacity	<u>Name</u>	<u>Address</u>	Type	of Action	
				∏Add	
				Remove	•
				□Ađd	
				Remove	
	_			□Add	
				Remove	
				∐Add	
				Remove	
				□Add	
				Remove	
Attached is a certification to under the laws of w	cate or document of similar import, e the Department of State, by the Secret hich it is incorporated.	ary of State or other official	authenticated not more having custody of corp	than 90 days p orate records in	rior to deliver the jurisdictio
	(Signature of a direc	tor president or other office ourt appointed fiduciary, by	r - if in the hands of that fiduciary)	_	
	Barry Moses	, , , , , , , , , , , , , , , , , , ,	Assistant Secre		_
(Тур	ed or printed name of person signing)		(Title of person sig	ming) (7 g	2822
		FILING FEE \$35.00			

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PARK NATIONAL INSURANCE COMPANY" IS

DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF JANUARY, A.D.

2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PARK NATIONAL INSURANCE COMPANY" WAS INCORPORATED ON THE TWENTY-NINTH DAY OF JUNE, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 202406536

Date: 01-03-23

5177808 8300 SR# 20230010747