

FD5000001504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

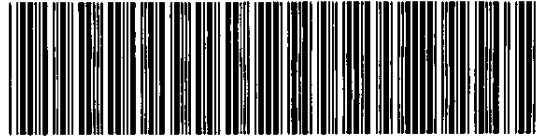
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200294078872

RECEIVED  
17 JAN 17 PM 3:07  
SUFFICIENT FILING

17 JAN 17 AM 9:52  
R. WHITE

NC  
JAN 18 2017  
R. WHITE

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

ACCOUNT NO. : I20000000195

REFERENCE : 390043 8115249

AUTHORIZATION : 

COST LIMIT : \$35.00

ORDER DATE : December 5, 2016

ORDER TIME : 12:13 PM

ORDER NO. : 390043-010

CUSTOMER NO: 8115249

FOREIGN FILINGS

NAME: AMERICAN INDEPENDENT  
INSURANCE COMPANY

XX CORPORATE  
       LIMITED PARTNERSHIP  
       LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62956

EXAMINER: \_\_\_\_\_

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: American Independent Insurance Company  
Name of Corporation

DOCUMENT NUMBER: \_\_\_\_\_

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lynda Chiang  
Name of Contact Person

American Independent Companies, INC  
Firm/Company

2018 Lowery Ferry Rd. Ste 400  
Address

Atlanta, GA 30339  
City/State and Zip Code

lynchiang@Good2Go.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lynda Chiang at (770) 303-2522  
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)**

\_\_\_\_\_  
(Document number of corporation (if known))

1. AMERICAN INDEPENDENT INSURANCE COMPANY

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

2. Pennsylvania

\_\_\_\_\_  
(Incorporated under laws of)

3. 03/09/2005

\_\_\_\_\_  
(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? 12/21/2016

5. American Independent Insurance Company, a Good2Go Auto 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)

Good2Go Auto Insurance

\_\_\_\_\_  
(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.

Perpetual

\_\_\_\_\_  
(New duration)

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

\_\_\_\_\_  
(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.

R. Ruppelt

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

Ronna F. Ruppelt

\_\_\_\_\_  
(Typed or printed name of person signing)

Secretary

\_\_\_\_\_  
(Title of person signing)

17 JAN 17 AM 9:51  
RECEIVED  
STATE OF FLORIDA  
DEPARTMENT OF STATE

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

01/17/2017

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

American Independent Insurance Company, a Good2Go Auto Insurance Company

I, Pedro A. Cortés, Secretary of the Commonwealth of Pennsylvania, do hereby certify that the foregoing and annexed is a true and correct copy of

Amendment filed on Jan 11, 2017 - Pages (4)

which appear of record in this department.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

*Pedro A. Cortés*


Secretary of the Commonwealth

Certification Number: TSC170117100448-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify.aspx>

Entity# : 12623  
Date Filed : 01/11/2017  
Pedro A. Cortés  
Secretary of the Commonwealth

PENNSYLVANIA DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Return document by mail to: CSC Order #390043-005 Name _____ Corporation Service Company (xx)Return document by email to: <a href="mailto:cscpa@escinfo.com">cscpa@escinfo.com</a>	Articles of Amendment Domestic Corporation  TC0170111JD0556
--	--

Read all instructions prior to completing. This form may be [viewed online at http://www.pennsylvania.gov](http://www.pennsylvania.gov)

Fee: \$70

Check one: ☒ Business Corporation (§ 1915) ☐ Nonprofit Corporation (§ 5915)

In compliance with the requirements of the applicable provisions (relating to articles of amendment), the undersigned, desiring to amend its articles, hereby states that:

1. The name of the corporation is: <u>American Independent Insurance Company</u>																					
2. The (a) address of this corporation's current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is: (Complete only (a) or (b), not both) <table border="0"><tr><td>(a) Number and Street</td><td>City</td><td>State</td><td>Zip</td><td>County</td></tr><tr><td colspan="5"><u>1012 West 8th Ave Suite 13-K, King of Prussia, PA 19406, Montgomery</u></td></tr><tr><td colspan="4">(b) Name of Commercial Registered Office Provider</td><td>County</td></tr><tr><td colspan="5"><u>c/o: _____</u></td></tr></table>		(a) Number and Street	City	State	Zip	County	<u>1012 West 8th Ave Suite 13-K, King of Prussia, PA 19406, Montgomery</u>					(b) Name of Commercial Registered Office Provider				County	<u>c/o: _____</u>				
(a) Number and Street	City	State	Zip	County																	
<u>1012 West 8th Ave Suite 13-K, King of Prussia, PA 19406, Montgomery</u>																					
(b) Name of Commercial Registered Office Provider				County																	
<u>c/o: _____</u>																					
3. The statute by or under which it was incorporated: <u>Pennsylvania</u>																					
4. The date of its incorporation: <u>06/22/1971</u> (MM/DD/YYYY)																					
5. Check, and if appropriate complete, one of the following: <input checked="" type="checkbox"/> The amendment shall be effective upon filing these Articles of Amendment in the Department of State. <input type="checkbox"/> The amendment shall be effective on: _____ at _____ Date (MM/DD/YYYY) Hour (if any)																					

2017 JAN 11 AM 9: 52

COMMON OF PA  
DEPT OF STATE

DSCB:15-1915/5915-2

6. Check one of the following:

☒ The amendment was adopted by the shareholders or members pursuant to 15 Pa.C.S. § 1914(a) and (b) or § 5914(a).

☐ The amendment was adopted by the board of directors pursuant to 15 Pa. C.S. § 1914(c) or § 5914(b).

7. Check, and if appropriate complete, one of the following:

☐ The amendment adopted by the corporation, set forth in full, is as follows

☒ The amendment adopted by the corporation is set forth in full in Exhibit A attached hereto and made a part hereof.

8. Check if the amendment restates the Articles:

☐ The restated Articles of Incorporation supersede the original articles and all amendments thereto.

IN TESTIMONY WHEREOF, the undersigned corporation has caused these Articles of Amendment to be signed by a duly authorized officer thereof this

23<sup>rd</sup> day of November, 2016.

American Independent Insurance Company  
Name of Corporation

R. Ruppelt  
Signature

Corporate Secretary  
Title

---

Exhibit A

The name of the company is hereby changed to American Independent Insurance Company, a Good2Go Auto Insurance Company.

The Registered Office and county of venue is hereby changed to Corporation Service Company, Dauphin County.





**pennsylvania**  
INSURANCE DEPARTMENT

January 10, 2017

Paula Washburn  
American Independent Insurance Company  
1400 Union Meeting Road, Suite 250  
Blue Bell, PA 19422

Via E-mail: [paula.washburn@cscglobal.com](mailto:paula.washburn@cscglobal.com)

RE: Name Approval  
**American Independent Insurance Company, a Good2Go Auto Insurance Company**

Dear Ms. Washburn:

The following information is being provided in response to your request received on January 3, 2017.

Please be advised that the phrasing of the above-referenced name has been reviewed and found to be acceptable to the Pennsylvania Insurance Department. You will need to present a copy of this letter to the Pennsylvania Department of State, Corporation Bureau. In processing the registration of the name, the Department of State will verify that the new name is not being used by an existing entity or that the name does not too closely resemble that of an existing entity.

Please note that this letter is to approve the use of a name only, it does not represent any form of licensure.

Please feel free to contact me at (717) 783-2660 should you have any questions.

Sincerely,

Steven L. Yerger, PIR  
Insurance Company Licensing Specialist  
Company Licensing Division