

F05000002081

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

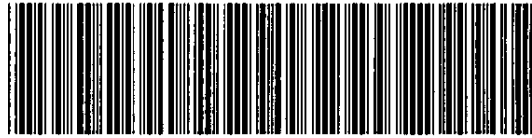
(Document Number)

Certified Copies _____

Certificates of Status _____

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FILED
10 FEB -3 AM 10:00
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

*And
Hos*



WESTMONT
ASSOCIATES, INC.

VIA OVERNIGHT MAIL

February 2, 2010

Department of State
Division of Corporations
Attn: Amendments Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Lyndon Southern Insurance Company
Redomestication from Louisiana to Delaware

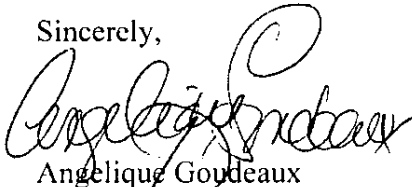
Dear Sir or Madame:

Enclosed please find the following documents:

- The Profit Corporation Application by Foreign Profit Corporation to File Amendment to Application for Authorization to Transact Business in Florida (FL021) Form;
- The Certificate of Compliance from Delaware; and
- A check in the amount of \$35.00.

Should you have any questions, please feel free to contact me at (856) 216-0220 or by email at angel@westmontlaw.com. Thank you for your attention.

Sincerely,



Angelique Goudeaux
Senior Analyst

Enclosures

cc: C. Hart
N. Stepanski

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)

F05000002081

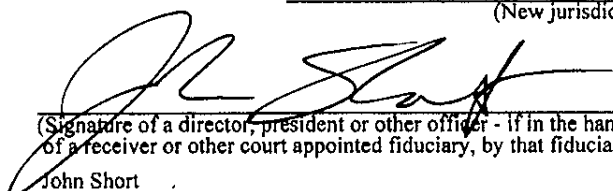
(Document number of corporation (if known))

FILED
FEB -3 AM 10:00
STATE
TALLAHASSEE, FLORIDA

1. Lyndon Southern Insurance Company
(Name of corporation as it appears on the records of the Department of State)
2. Louisiana 3. 08-04-2006
(Incorporated under laws of) (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? Not Applicable
5. Not Applicable
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)
- Not Applicable
(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.
- Not applicable
(New duration)
7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.
- Delaware
(New jurisdiction)


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

John Short

(Typed or printed name of person signing)

Secretary

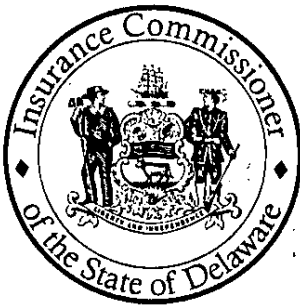
(Title of person signing)

Applicant Name: Lyndon Southern Insurance Company

NAIC No. 10051
FEIN: 43-1754760

Uniform Certificate of Authority Application (UCAA)
Certificate of Compliance

I, Karen Weldin Stewart, hereby certify that I am the Insurance Commissioner of the State of Delaware and have supervision of insurance business in said State and as such I hereby certify that Lyndon Southern Insurance Company of Wilmington, Delaware is duly organized under the laws of said State and is authorized to transact the business of Health, Property, Surety, Marine & Transportation, Casualty, including: Vehicle, Liability, Personal Property Floater, Credit and Miscellaneous insurance in this State.



In Witness Whereof, I have hereunto set my hand and affixed the official seal of this Department at the City of Dover, this 3rd day of November, 2009.


Karen Weldin Stewart, CIR-ML
Insurance Commissioner

- * Insurance Commissioner, Officer or Superintendent of Insurance authorized to certify to the insurance business within the domiciliary state.
- ** Lines of Insurance as shown on Form 3 of UCAA