

# F06000 002 153

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

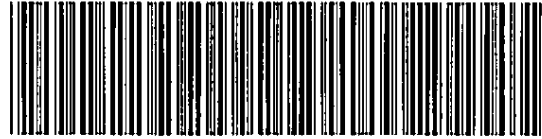
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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C. J. [illegible]

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Financial American Property and Casualty Insurance Company  
Name of Corporation

DOCUMENT NUMBER: F06000002153

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jamie Coleman

Name of Contact Person

Transverse Insurance Company

Firm/Company

155 Village Blvd, Suite 205

Address

Princeton, NJ 08540

City/State and Zip Code

jcoleman@transverseinsurance.com

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

For further information concerning this matter, please call:

Jamie Coleman

Name of Contact Person

at ( 609 )

250-7838

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)**

F06000002153

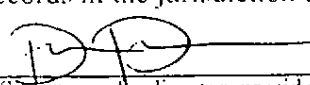
(Document number of corporation (if known))

RECEIVED  
SEP 10 PM 11:18  
TALLAHASSEE, FLORIDA

1. Financial American Property and Casualty Insurance Company  
(Name of corporation as it appears on the records of the Department of State)
2. Texas 3. 4/4/2006  
(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? June 28, 2019
5. Transverse 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)
- (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.
- N/A  
(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)

David E. Paulsson

(Typed or printed name of person signing)

President

(Title of person signing)



Texas Department  
of Insurance

PO Box 149104 | Austin, TX 78714 | 1-800-578-4677 | tdi.texas.gov

STATE OF TEXAS     §  
                                     §  
COUNTY OF TRAVIS §

The Commissioner of Insurance, as the chief administrative and executive officer and custodian of records of the Texas Department of Insurance has delegated to the undersigned the authority to certify the authenticity of documents filed with or maintained by or within the custodial authority of the Company Licensing and Registration Office of the Texas Department of Insurance.

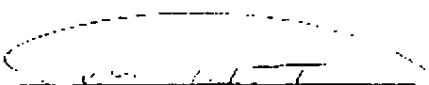
Therefore, I hereby certify that the attached documents are true and correct copies of the documents described below. I further certify that the documents described below are filed with or maintained by or within the custodial authority of the Company Licensing and Registration Office of the Texas Department of Insurance.

Amendment to the articles of incorporation for TRANSVERSE INSURANCE COMPANY, Dallas, Texas, dated August 5, 2019, consisting of five (5) pages.

IN TESTIMONY WHEREOF, witness my hand and seal of office at Austin, Texas, this 16<sup>th</sup> day of August, 2019.



COMMISSIONER OF INSURANCE

BY: 

Jeff Hunt  
Assistant Deputy Commissioner  
Company Licensing and Registration Office  
Commissioner's Order No. 10-1042