

F 06 000002153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

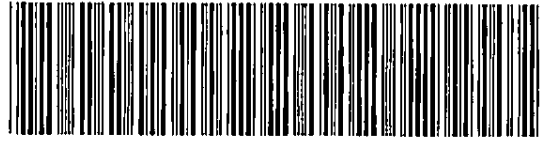
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024 MAR 21 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Transverse 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:

Jeff Rainy

Name of Contact Person

Colodny Fass

Firm/Company

119 East Park Ave

Address

Tallahassee, FL 32301

City/State and Zip Code

reg@mstransverse.com

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

For further information concerning this matter, please call:

Jeff Rainy

at (850) 577-0398

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy

☐ \$52.50 Filing Fee,
Certificate of Status &
Certified Copy

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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))

1. Transverse Insurance Company

(Name of corporation as it appears on the records of the Department of State)
2. Texas 3. 04/04/2006

(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? January 16, 2024
5. MS 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. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

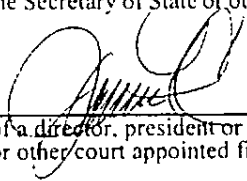
Signature of New Registered Agent, if changing

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2024 APR 21 AM 10:29
TALLAHASSEE, FLORIDA
STATE SECRETARY OF STATE

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

10. 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)

Jamie F. Coleman

(Typed or printed name of person signing)

Assistant Secretary

(Title of person signing)

FILING FEE \$35.00



PO Box 12030 | Austin, TX 78711 | 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.

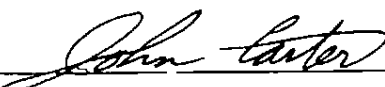
Therefore, I hereby certify that the attached documents are true and correct copies of the documents described below. I further certify that the documents described below are filed with or maintained by or within the custodial authority of the Company Licensing and Registration Office of the Texas Department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

Articles of incorporation including all amendments for MS Transverse Insurance Company, Dallas, Texas, altogether consisting of one hundred and eight (108) pages.

IN TESTIMONY WHEREOF, witness my hand and seal of office at Austin, Texas, this 23rd day of January, 2024.



COMMISSIONER OF INSURANCE

BY: 
John Carter
Director
Company Licensing and Registration Office



PO Box 12030 | Austin, TX 78711 | 800-578-4677 | tdi.texas.gov

January 16, 2024

Your application has been approved.

TDI has approved the application for Transverse Insurance Company, TDI License 43070, to change its name to MS Transverse Insurance Company. Please save a copy for your records.

If you have any questions, reference transaction number: 1148505

Cassie Brown
Commissioner of Insurance

A handwritten signature in black ink that reads "John Carter". The signature is written in a cursive style with a horizontal line underneath it.

John Carter, Director
Company Licensing and Registration
Financial Regulation Division
Commissioner's Order No. 2023-8355

Recommended by:

A handwritten signature in black ink that reads "Rima Christian". The signature is written in a cursive style with a horizontal line underneath it.


Rima Christian, Insurance Specialist
Company Licensing and Registration
Financial Regulation Division

STATE OF NEW JERSEY

COUNTY OF SUMMIT

I, VIVIAN FERNANDEZ Notary Public for said state and county, do hereby certify that on the 17TH day of JANUARY, 2024, David Paulsson, President personally appeared before me and, being first duly sworn, acknowledged that he executed the foregoing Certificate of Amendment of Articles of Incorporation of MS Transverse Insurance Company in the capacity therein set forth and declared the statements therein contained are true.

IN WITNESS WHEREOF, I have hereunto set my hand and seal the day and year above written.


Notary Public

My commission expires: 9/25/2026

[STAMP]

Vivian Fernandez
NOTARY PUBLIC
STATE OF NEW JERSEY
MY COMMISSION EXPIRES SEP 25, 2026

CERTIFICATE OF AMENDMENT
OF
ARTICLES OF INCORPORATION
OF
MS TRANSVERSE INSURANCE COMPANY

The undersigned, MS Transverse Insurance Company, a Texas stock insurance corporation (the "Corporation") for the purpose of amending its Articles of Incorporation does hereby make and execute this Certificate of Amendment of Articles of Incorporation, and does hereby certify that:

1. The name of the Corporation is MS Transverse Insurance Company.
2. Article One shall be deleted in its entirety, and shall be replaced with the following:

ARTICLE ONE

The name of the Corporation is MS Transverse Insurance Company (the "Corporation").

3. The amendment to the Articles of Incorporation was duly authorized and approved by Unanimous Written Consent of the Board of Directors of the Corporation on January 3, 2023.

IN WITNESS WHEREOF, MS Transverse Insurance Company has caused this Certificate of Amendment of Articles of Incorporation to be executed in its name by its President and attested by its Assistant Secretary on this 9th day of January, 2024.



MS Transverse Insurance Company



David Paulsson, President

ATTEST:



Jamie F. Coleman, Assistant Secretary

STATE OF NEW JERSEY

COUNTY OF SOMERSET

I, VIVIAN FERNANDEZ Notary Public for said state and county, do hereby certify that on the 4TH day of JANUARY, 2024, David Paulsson, President personally appeared before me and, being first duly sworn, acknowledged that he executed the foregoing Certificate of Amendment of Articles of Incorporation of MS Transverse Insurance Company in the capacity therein set forth and declared the statements therein contained are true.

IN WITNESS WHEREOF, I have hereunto set my hand and seal the day and year above written.


Notary Public

My commission expires: 9/25/2026

[STAMP]

Vivian Fernandez
NOTARY PUBLIC
STATE OF NEW JERSEY
MY COMMISSION EXPIRES SEP 25, 2026

Applicant Company Name: MS Transverse Insurance Company

NAIC No. 21075
FEIN 75-6015738

Uniform Certificate of Authority Application (UCAA)
CERTIFICATE OF COMPLIANCE

State of Texas Office of Department of Insurance
(Domiciliary State of Applicant Company) (Commissioner, Superintendent, Officer)

I, John Carter, hereby certify that I am the Director of Company Licensing & Registration *
(Name) (Position)

of the State of Texas and have supervision of insurance business in said State and as such,

I hereby certify that

MS Transverse Insurance Company
(Name of Applicant Company)

of Dallas, Texas is duly organized under the laws of said state and
(City/State)

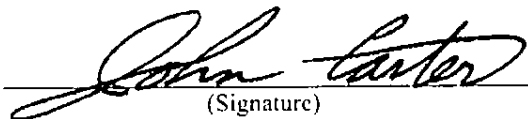
is authorized to transact the business of

Accident, Aircraft Liability, Aircraft Physical Damage, Allied Coverages, Auto Physical Damage, Automobile
(Lines of Insurance) **
Liability, Boiler & Machinery, Burglary & Theft, Credit, Employers' Liability, Fidelity & Surety, Fire, Forgery,
Glass, Hail, Health, Inland Marine, Liability Other than Auto, Livestock, Ocean Marine, Rain, and Workers Comp
and Emp Liability

insurance in this state.

IN TESTIMONY WHEREOF, I have hereunto set my hand at Austin, Texas
(Location)

on January 30, 2024


(Signature)

John Carter
(Printed Name)

* 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



CERTIFICATE OF AMENDMENT
OF
ARTICLES OF INCORPORATION
OF
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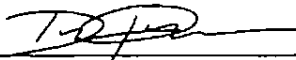
The name of the Corporation is MS Transverse Insurance Company (the "Corporation").

3. The amendment to the Articles of Incorporation was duly authorized and approved by Unanimous Written Consent of the Board of Directors of the Corporation on January 3, 2023.

IN WITNESS WHEREOF, MS Transverse Insurance Company has caused this Certificate of Amendment of Articles of Incorporation to be executed in its name by its President and attested by its Assistant Secretary on this 9th day of January, 2024.



MS Transverse Insurance Company



David Paulsson, President

ATTEST:



Jamie F. Coleman, Assistant Secretary