

FD8000001378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

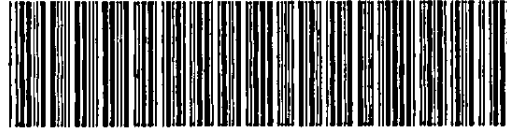
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600281823476

02/05/16--01021--019 **43.75

2016 FEB -5 AM 5:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

name change

FEB 09 2016

C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Insurance Company Name Change

Name of Corporation

DOCUMENT NUMBER: F08000001378

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jim Morgan

Name of Contact Person

HDI Global Insurance Company

Firm/Company

161 N. Clark Street, 48th Floor

Address

Chicago, IL 60601

City/State and Zip Code

jim.morgan@us.hdi.global

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

For further information concerning this matter, please call:

Jim Morgan

at (312) 456-6779

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)

F08000001378

(Document number of corporation (if known))

1. HDI-Gerling America Insurance Company

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

2. Illinois

(Incorporated under laws of)

3. March 27, 2008

(Date authorized to do business in Florida)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 FEB -5 AM 9:59

FILED

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 1, 2016

5. HDI Global 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.

(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.

David P. Neumeister
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

David Neumeister

(Typed or printed name of person signing)

SVP, Corp. Secretary & General Counsel

(Title of person signing)

STATE OF ILLINOIS

DEPARTMENT OF INSURANCE



AMENDED CERTIFICATE OF AUTHORITY

Whereas, the HDI GLOBAL INSURANCE COMPANY
(formerly HDI-GERLING AMERICA INSURANCE COMPANY), located at
CITY of CHICAGO, COUNTY OF COOK, in the State of Illinois, was incorporated pursuant
to the provisions of the "*Illinois Insurance Code*" applicable to said Company:

NOW, THEREFORE, I, the undersigned, Acting Director of Insurance of the
State of Illinois, do hereby authorize the said Company to transact its appropriate business as set
forth under Clause(s)

(a), (b), (c), (d), (e), (f), (g), (h), (i), (j), (k) of Class 2

(a), (b), (c), (d), (e), (f), (g), (h) of Class 3

of Section 4 of the "*Illinois Insurance Code*" in this State, in accordance with the laws thereof;
to be effective January 1, 2016.

DEPARTMENT OF INSURANCE
OF THE STATE OF ILLINOIS

Date: 9/11/15

Anne Melissa Dowling
ANNE MELISSA DOWLING
ACTING DIRECTOR OF INSURANCE

