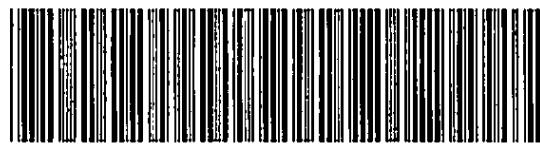


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R. WHITE  
MAR 02 2018

(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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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MILWAUKEE CASUALTY INSURANCE CO.

Name of Corporation

**DOCUMENT NUMBER:** F13000004497

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

GAIL MILLER

Name of Contact Person

AMTRUST NORTH AMERICA, INC.

Firm/Company

800 SUPERIOR AVE. E., 21st FLOOR

Address

CLEVELAND, OH 44114

City/State and Zip Code

regulatorycompliance@amtrustgroup.com

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

For further information concerning this matter, please call:

GAIL MILLER

Name of Contact Person

at (216) 643-8664

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)**

F13000004497

(Document number of corporation (if known))

1. MILWAUKEE CASUALTY INSURANCE CO.

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

2. WISCONSIN

(Incorporated under laws of)

3. 10/11/2013

(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? AUGUST 28, 2017

5. MILFORD CASUALTY 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.

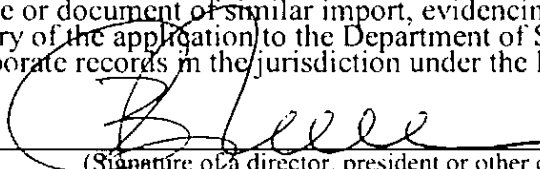
(New duration)

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

DELAWARE

(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)

BARRY MOSES

(Typed or printed name of person signing)

VP, Regulatory & Compliance

(Title of person signing)

RECEIVED  
MAR 30 PM 3:43

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT COPIES OF ALL DOCUMENTS ON FILE OF "MILFORD CASUALTY INSURANCE COMPANY" AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF CONVERSION, FILED THE TWENTY-FIFTH DAY OF AUGUST, A.D. 2017, AT 9:46 O'CLOCK A.M.

CERTIFICATE OF INCORPORATION, FILED THE TWENTY-FIFTH DAY OF AUGUST, A.D. 2017, AT 9:46 O'CLOCK A.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "MILWAUKEE CASUALTY INSURANCE CO." TO "MILFORD CASUALTY INSURANCE COMPANY", FILED THE TWENTY-EIGHTH DAY OF AUGUST, A.D. 2017, AT 1:25 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID CORPORATION, "MILFORD CASUALTY INSURANCE COMPANY".



  
Jeffrey W. Bullock, Secretary of State

STATE OF DELAWARE  
CERTIFICATE OF CONVERSION  
FROM A NON-DELAWARE CORPORATION  
TO A DELAWARE CORPORATION  
PURSUANT TO SECTION 265 OF THE  
DELAWARE GENERAL CORPORATION LAW

1. The jurisdiction where the Non-Delaware Corporation first formed is Wisconsin.
2. The jurisdiction immediately prior to filing this Certificate is Wisconsin.
3. The date the Non-Delaware Corporation first formed is 09/21/1973.
4. The name of the Non-Delaware Corporation immediately prior to filing this Certificate is Milwaukee Casualty Insurance Co..
5. The name of the Corporation as set forth in the Certificate of Incorporation is Milwaukee Casualty Insurance Co..

IN WITNESS WHEREOF, the undersigned being duly authorized to sign on behalf of the converting Non-Delaware Corporation have executed this Certificate on the 2nd day of August, A.D. 2017.

By: 

Name: Janie V. Clark  
Print or Type

Title: Assistant Secretary  
Print or Type

STATE of DELAWARE  
CERTIFICATE of INCORPORATION  
A STOCK CORPORATION

• First: The name of this Corporation is Milwaukee Casualty Insurance Co.

• Second: Its registered office in the State of Delaware is to be located at  
251 Little Falls Drive Street, in the City of Wilmington  
County of New Castle Zip Code 19808

The registered agent in charge thereof is Corporation Service Company

Third: The purpose of the corporation is to engage in any lawful act or activity for which corporations may be organized under the General Corporation Law of Delaware.

• Fourth: The amount of the total stock of this corporation is authorized to issue is  
2,100,000 shares (number of authorized shares) with a par value of  
\$2.00 per share.

• Fifth: The name and mailing address of the incorporator are as follows:

Name Janie V. Clark, % AmTrust North America  
Mailing Address 800 Superior Ave. E., 21st Floor  
Cleveland, Ohio Zip Code 44114

• I, The Undersigned, for the purpose of forming a corporation under the laws of the State of Delaware, do make, file and record this Certificate, and do certify that the facts herein stated are true, and I have accordingly hereunto set my hand this  
2nd day of August, A.D. 2017

BY: Janie V. Clark  
(Incorporator)

NAME: Janie V. Clark  
(type or print)

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 01:25 PM 08/28/2017  
FILED 01:25 PM 08/28/2017  
SR 20175912147 - File Number 6522152

**STATE OF DELAWARE  
CERTIFICATE OF AMENDMENT  
OF CERTIFICATE OF INCORPORATION**

The corporation organized and existing under and by virtue of the General Corporation Law of the State of Delaware does hereby certify:

**FIRST:** That at a meeting of the Board of Directors of  
Milwaukee Casualty Insurance Co.

resolutions were duly adopted setting forth a proposed amendment of the Certificate of Incorporation of said corporation, declaring said amendment to be advisable and calling a meeting of the stockholders of said corporation for consideration thereof. The resolution setting forth the proposed amendment is as follows:

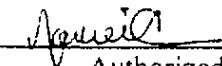
**RESOLVED**, that the Certificate of Incorporation of this corporation be amended by changing the Article thereof numbered "First" so that, as amended, said Article shall be and read as follows:

The name of this Corporation is  
Milford Casualty Insurance Company

**SECOND:** That thereafter, pursuant to resolution of its Board of Directors, a special meeting of the stockholders of said corporation was duly called and held upon notice in accordance with Section 222 of the General Corporation Law of the State of Delaware at which meeting the necessary number of shares as required by statute were voted in favor of the amendment.

**THIRD:** That said amendment was duly adopted in accordance with the provisions of Section 242 of the General Corporation Law of the State of Delaware.

**IN WITNESS WHEREOF**, said corporation has caused this certificate to be signed this 2nd day of August, 2017.

By:   
Authorized Officer  
Title: Assistant Secretary

Name: Janie V. Clark  
Print or Type