

F16000002480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2019 APR 11 AM 11:03

C. GOLDEN

APR 13 2019

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Atlanta International Insurance Company

Name of Corporation

**DOCUMENT NUMBER:** F16000002480

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Melisa Jackson, Corporate & Regulatory Counsel

Name of Contact Person

MedPro Group Inc

Firm/Company

5814 Reed Rd

Address

Fort Wayne, IN 46835

City/State and Zip Code

melisa.jackson@medpro.com

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

For further information concerning this matter, please call:

Melisa Jackson

at (260) 492-4031

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

ATLANTA INTERNATIONAL INSURANCE COMPANY

Administrative Address:

5814 Reed Road

Fort Wayne, IN 46835

Telephone: (800) 463-3776

Facsimile: (260) 486-0784

**Sent via FedEx**

April 10, 2019

Florida Department of State  
Amendment Section, Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Atlanta International Insurance Company, NAIC #20931 ("AIIC")  
Corporate Amendment Application, Tracking #114532-002

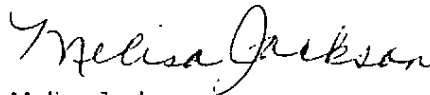
Dear Sir or Madam:

Enclosed please find the following requested items in connection with the above-referenced application in order for AIIC to change its name to Wellfleet New York Insurance Company:

1. An original Certificate of Good Standing from AIIC's state of domicile; and
2. Letter 019A00005304 from the Florida Department of State requesting item 1.

Please let me know if you require anything further or have any questions concerning AIIC's Amendment Application.

Respectfully submitted,



Melisa Jackson

Corporate & Regulatory Counsel

(260) 492-4031

melisa.jackson@medpro.com

Enclosures



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 16, 2019

MELISA JACKSON  
5814 REED ROAD  
FORT WAYNE, IN 46835

SUBJECT: ATLANTA INTERNATIONAL INSURANCE COMPANY  
Ref. Number: F16000002480

RECEIVED

2019 APR 11 AM 11:00

SECRET  
TALLAHASSEE, FL

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The certificate must state the name change and the date that it was changed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 019A00005304

FILED  
2019 APR 11 AM 11:03  
CLERK OF DISTRICT COURT  
JANUARY 11, 2019

## F16000002480

Atlanta International Insurance Company

2 New York

3 May 27, 2016

**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

- 5 Wellfleet New York Insurance Company

(New duration)

- (New jurisdiction)

- Angela M. Adams  
Signature of a director, not a preparer

Angela Adams

Secretary

(Typed or printed name of person signing)

(Title of person signing)

Certificate of Good Standing

**STATE OF NEW YORK**  
**DEPARTMENT OF FINANCIAL SERVICES**

It is hereby certified that

**WELLFLEET NEW YORK INSURANCE COMPANY**  
of Flushing, New York

was incorporated under the Laws of the State of New York on December 18, 1928, under the title of SEABOARD FIRE & MARINE INSURANCE COMPANY and was licensed to transact insurance business in the State of New York on January 21, 1929;

that it changed its name to DRAKE INSURANCE COMPANY OF NEW YORK on October 1, 1975;

that it changed its name to ATLANTA INTERNATIONAL INSURANCE COMPANY on January 1, 1980.

that it changed its name to WELLFLEET NEW YORK INSURANCE COMPANY on January 14, 2019.

IT IS HEREBY FURTHER CERTIFIED that the aforesaid Company is duly authorized in the State of New York to transact the business of accident and health, fire, miscellaneous property, water damage, burglary and theft, glass, boiler and machinery, elevator, animal, collision, personal injury liability, property damage liability, workers' compensation and employers' liability, fidelity and surety, credit, motor vehicle and aircraft physical damage, marine and inland marine and marine protection and indemnity insurance as specified in the paragraph(s) 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 19, 20 and 21 of Section 1113(a) of the New York Insurance Law, and also such workers' compensation insurance as may be incident to coverages contemplated under paragraphs 20 and 21 of Section 1113(a), including insurances described in the Longshoremen's and Harbor Workers' Compensation Act (Public Law No. 803, 69 Cong. as amended; 33 USC Section 901 et seq. as amended), and has been continuously licensed and remains in good standing to the date of this certificate.



\*\*\* INVALID WITHOUT OFFICIAL SEAL \*\*\*

Certificate of Good Standing

**STATE OF NEW YORK**  
**DEPARTMENT OF FINANCIAL SERVICES**



In Witness Whereof, I have hereunto set my hand  
and affixed the official seal of this Department  
at the City of Albany, New York, this  
29th day of March, 2019

LINDA A. LACEWELL

Acting Superintendent

By

A handwritten signature in dark ink, appearing to be "E. J. ...", written over a horizontal line.

Special Deputy Superintendent