

F1800000 5848

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status ☒

3.27.20

Special Instructions to Filing Officer:

OK to File per DC

Office Use Only



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04/02/20--01002--010 **\$2.50

FILED

2020 MAY -6 AM 10:56

FILED

CC/CLIS
Name
CH8

MAY 06 2020

ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Worth Casualty Company

Name of Corporation

DOCUMENT NUMBER: F1000005848

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christopher A. McClellan

Name of Contact Person

Incline Casualty Company

Firm/Company

13215 Bee Cave Parkway Suite B-150

Address

Austin Texas 78738

City/State and Zip Code

cmcclellan@inclinecasualty.com

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

For further information concerning this matter, please call:

Teresa Pacheco @ tpacheco@inclinecasualty.com at 737 615-4687

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 15, 2020

CHRISTOPHER A. MCCLELLAN
13215 BEE CAVE PARKWAY
STE. B-150
AUSTIN, TX 78738

SUBJECT: WORTH CASUALTY COMPANY
Ref. Number: F18000005848

We have received your document for WORTH CASUALTY COMPANY and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date 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 the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 620A00007976

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)

F1000005848

(Document number of corporation (if known))

1. Worth Casualty Company
(Name of corporation as it appears on the records of the Department of State)
2. Florida 3. January 11, 2019
(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? March 16, 2020 in Austin, Travis County, Texas
5. Incline Casualty 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.
Perpetual
(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 N/A
N/A
(Florida street address)

New Registered Office Address: N/A N/A
(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.

N/A
Signature of New Registered Agent, if changing

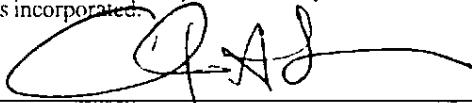
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2020 MAY -5 AM 10:56
TALLAHASSEE, FL

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

NOTE: Changes were made to this section on March 27, 2020 with the Annual Filing.

<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)

Christopher A. McClellan

(Typed or printed name of person signing)

President & CEO

(Title of person signing)

FILING FEE \$35.00



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

March 18, 2020

Sent via email: TPacheco@redpointinsurance.com

Reference ID: 1064763

Name Change and Amended Certificate of Authority

Texas Department of Insurance staff have reviewed the application of Worth Casualty Company, Austin, Texas, for an amended certificate of authority changing its name to Incline Casualty Company.

Based upon the documents submitted and the representations made, the company has complied with all applicable requirements to change its name and for an amended certificate of authority.

The company's application to change its name is approved. Further, an amended certificate of authority should be issued to Incline Casualty Company, Austin, Texas, TDI License No. 95582.

Kent C. Sullivan
Commissioner of Insurance

A handwritten signature in black ink, appearing to read "Robert Rudnai", written over a horizontal line.

Robert Rudnai, Director
TDI Company Licensing and Registration Office
Commissioner's Order No. 3632

Recommended by:

A handwritten signature in black ink, appearing to read "Nancy Sanchez", written over a horizontal line.

Nancy Sanchez, TDI Company Licensing and Registration Office

Texas Department of Insurance

Amended Certificate of Authority

License no. 95582

Licensed since: March 16, 2001

Department Certification

Incline Casualty Company
(domestic stock casualty company)
organized under the laws of the state of Texas

This entity has complied with the laws of the state of Texas, as applicable, and is authorized to transact the following lines of insurance:

Accident, Aircraft Liability, Aircraft Physical Damage, Allied Coverages, Auto Physical Damage, Automobile 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, Workers Comp and Emp Liability

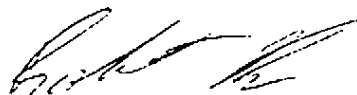
This amended certificate of authority is in full force and effect until it is revoked, canceled, or suspended according to law.

Given under my hand and official seal of office
in the city of Austin,

March 18, 2020

KENT C. SULLIVAN
COMMISSIONER OF INSURANCE

BY



Robert Rudnai, Director
Financial Regulation Division
Company Licensing and Registration
Commissioner's order no. 3632

