

F20000005596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

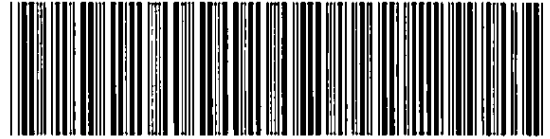
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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700360632317

STATE
-SEE FL
MAR 11 2021

MAR 11 2021

X

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 676402 8066407

AUTHORIZATION :

COST LIMIT : \$35.00



ORDER DATE : February 22, 2021

ORDER TIME : 10:28 AM

ORDER NO. : 676402-010

CUSTOMER NO: 8066407

FOREIGN FILINGS

NAME: THE GENERAL AUTOMOBILE
INSURANCE COMPANY

XX CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Elylena Baker -- EXT# 61594

EXAMINER: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 26, 2021

CSC
ATTN:EYLIENA BAKER

RESUBMIT

Please give original
submission date as file date.

SUBJECT: THE GENERAL AUTOMOBILE INSURANCE COMPANY
Ref. Number: F20000005596

We have received your document for THE GENERAL AUTOMOBILE INSURANCE COMPANY and the authorization to debit your account in the amount of \$. However, the document has not been filed and is being returned for the following:

This entity incorporated in Ohio and doing business in Wisconsin as well. You don't need to file Statement of Correction.

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.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 721A00004289

2021/02/26 10:20:03

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: The General Automobile Insurance Company
Name of Corporation

DOCUMENT NUMBER: F20000005596

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Halley Walton

Name of Contact Person

Permanent General Companies, Inc.

Firm/Company

2636 Elm Hill Pike, Suite 100

Address

Nashville, TN 37214

City/State and Zip Code

hwalton@thegeneral.com

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

For further information concerning this matter, please call:

Halley Walton

Name of Contact Person

at (615) 269-5523

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)

F20000005596

(Document number of corporation (if known))

1. The General Automobile Insurance Company
(Name of corporation as it appears on the records of the Department of State)
2. Ohio 3. 12/08/2020
(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? _____
5. _____
(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.

Wisconsin
(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

2021
DEC 23 AM 10:39
STATE
OFFICE
FL
ED

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 checked="" type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input checked="" type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input checked="" type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input checked="" type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input checked="" 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.

Sherrill C. Kaiser

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

Sherrill C. Kaiser

(Typed or printed name of person signing)

Secretary

(Title of person signing)

FILING FEE \$35.00



Certificate of Compliance State of Wisconsin

Office of the Commissioner of Insurance

As of This Date: **March 05, 2021**

As Commissioner of Insurance of the State of Wisconsin I have supervision of insurance business and as such hereby certify that:

The General Automobile Insurance Company, Inc.

Domicile State: Wisconsin

Is duly authorized to transact the business of:

Automobile
Fire, Inland Marine and Other Property Insurance
Liability and Incidental Medical Expense Insurance (other than automobile)
Miscellaneous

IN TESTIMONY WHEREOF, I have hereunto set my hand.

Commissioner of Insurance