

FA6000001113

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

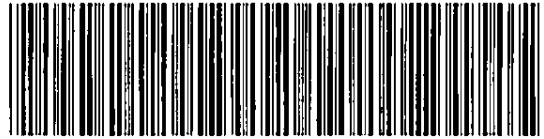
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SECRETARY OF STATE
STATE OF MISSISSIPPI

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Florists' Insurance Company

Name of Corporation

DOCUMENT NUMBER: F96000001113

The enclosed Amendment and fee are submitted for filing

Please return all correspondence concerning this matter to the following:

Ashley Galvin

Name of Contact Person

Sentry Insurance Company

Firm Company

1800 North Point Drive

Address

Stevens Point, WI 54481

City/State and Zip Code

ashley.galvin@sentry.com

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

For further information concerning this matter, please call:

Ashley Galvin

Name of Contact Person

at 715

Area Code & Daytime Telephone Number

346-7595

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)

F96000001113

(Document number of corporation (if known))

1. Florists' Insurance Company
(Name of corporation as it appears on the records of the Department of State)

2. Illinois 3. 03-05/1996
(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

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TALLAHASSEE, FLORIDA

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 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)

Timothy K. Kovac
(Typed or printed name of person signing)

Secretary
(Title of person signing)

FILING FEE \$35.00



Wisconsin Office of the
**COMMISSIONER
OF INSURANCE**

Certificate of Compliance

As of This Date: **January 17, 2024**

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

Florists' Insurance Company

Domicile State: Wisconsin

Is duly authorized to transact the business of:

Aircraft
Automobile
Fidelity Insurance
Fire, Inland Marine and Other Property Insurance
Liability and Incidental Medical Expense Insurance (other than automobile)
Miscellaneous
Ocean Marine Insurance
Surety Insurance
Workers Compensation Insurance

IN TESTIMONY WHEREOF, I have hereunto set my hand.

Commissioner of Insurance