

F96000002861

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

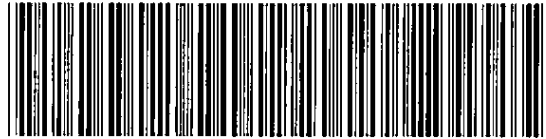
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

JUL 25 2024

JUL 25 2024

Office Use Only



900430641549

05/31/24--01026--007 \*\*43.75  
Ret. 07/25/24

2024 JUL 25 PM 3:10



May 14, 2024

Florida Department of State – Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street  
Suite 810  
Tallahassee, FL 32303

RE: Bridge City Insurance Company NAIC 35599

Dear Sir or Madam:

Bridge City Insurance Company f/k/a/ Highmark Casualty Insurance Company is applying for a name change amendment. As part of the application process, enclosed are the required application materials to be submitted to the Florida Department of State.

The Company will also be complying with the Insurance Department's application requirements.

Should you have any questions or concerns please do not hesitate to reach out. I may be reached at 412-544-0923 or via email to [Jennifer.bayich@highmark.com](mailto:Jennifer.bayich@highmark.com).

Sincerely,

A handwritten signature in black ink that reads 'Jennifer Bayich'.

Jennifer Bayich  
Director- Compliance

HM Life Insurance  
Company

HM Life Insurance  
Company of New York

Highmark Casualty  
Insurance Company

800.328.5433  
[www.hmimg.com](http://www.hmimg.com)

Mailing Address  
Fifth Avenue Place  
120 Fifth Avenue  
Pittsburgh, PA 15222

**COVER LETTER**

**TO:** Amendment Section Division of Corporations

**SUBJECT:** Highmark Casualty Insurance Company

Name of Corporation

**DOCUMENT NUMBER:** F96000002861

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jennifer Bayich

Name of Contact Person

Bridge City Insurance Compnay t/k/a Highmark Casualty Insurance Co

Firm/Company

120 Fifth Avenue; Suite PAP-11M 063A

Address

Pittsburgh, PA 15222

City/State and Zip Code

jennifer.bayich@highmark.com

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

For further information concerning this matter, please call:

Jennifer Bayich

at ( 412 ) 544-0923

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

**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)**

F96000002861

(Document number of corporation (if known))

1. Highmark Casualty Insurance Company  
(Name of corporation as it appears on the records of the Department of State)
2. Pennsylvania 3. 12/29/2000  
(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? 01/12/24
5. Bridge City 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.

(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:

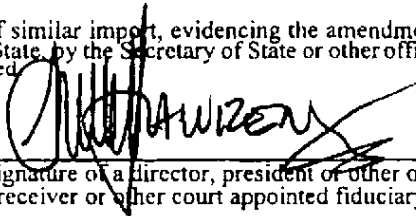
*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

Signature of New Registered Agent, if changing

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)

K. Mark Lawrence

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE \$35.00

**Pennsylvania Department of State**  
Bureau of Corporations and Charitable Organizations  
PO Box 8722 | Harrisburg, PA 17105-8722  
T: 717-787-1057  
[dos.pa.gov/BusinessCharities](http://dos.pa.gov/BusinessCharities)

**Regarding:** Bridge City Insurance Company  
**Request Type:** Subsistence Certificate **Issuance Date:** May 01, 2024  
**Request No.:** 035126624 **File No.:** 0000653874  
**Receipt No.:** 001030111  
**Filing Type:** Domestic Business Corporation  
**Filing Subtype:** Business  
**Initial Filing Date:** June 22, 1977  
**Status:** Active

2024 JUL 25 PM 3:10

**TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:**

I DO HEREBY CERTIFY THAT

Bridge City Insurance Company

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and caused the seal  
of my office to be affixed, the day and year  
above written

**Albert Schmidt**  
Secretary of the Commonwealth

Verify this certificate online at [www.file.dos.pa.gov](http://www.file.dos.pa.gov)

**Pennsylvania Department of State**  
Bureau of Corporations and Charitable Organizations  
PO Box 8722 | Harrisburg, PA 17105-8722  
T: 717-787-1057  
dos.pa.gov/BusinessCharities

**Entity Name:** Bridge City Insurance Company  
**Jurisdiction:** PENNSYLVANIA **Issuance Date:** 05/01/2024  
**Entity No.:** 0000653874 **Receipt No.:** 001030323  
**Entity Type:** Domestic Business Corporation **Certificate No.:** 035129428

**Document Listing**

Image No.	Date Filed	Effective Date	Filing Description	No. of Pages
A5189109-1	06/22/1977	06/22/1977	Initial Filing	5
A5189104-1	11/07/1985	11/07/1985	Articles of Amendment- Miscellaneous (Legacy)	6
A6853058-1	11/07/1985	11/07/1985	Legacy Amendment	1
A5189105-1	11/24/1986	11/24/1986	Articles of Amendment- Miscellaneous (Legacy)	7
A5189103-1	05/26/1989	05/26/1989	Articles of Amendment- Miscellaneous (Legacy)	6
A6853056-1	06/12/1989	06/12/1989	Legacy Amendment	1
A6853057-1	07/06/1989	07/06/1989	Legacy Amendment	6
A6853054-1	07/07/1989	07/07/1989	Legacy Amendment	1
A6853055-1	07/17/1991	07/17/1991	Legacy Amendment	6
A6853053-1	07/17/1991	07/17/1991	Legacy Amendment	1
A5189108-1	12/22/1993	12/22/1993	Articles of Amendment - Domestic Corporation	3
A5189107-1	04/11/1996	04/11/1996	Articles of Amendment - Domestic Corporation	3
A5189106-1	01/13/1999	01/13/1999	Articles of Amendment- Miscellaneous (Legacy)	3
B0627-4647	01/09/2024	01/09/2024	Articles of Amendment - Domestic Corporation	3
B0640-3641	01/22/2024	01/22/2024	Change of Registered Office by Entity	1

\*\* \*\*\* \*\*\*\*\* End of list \*\*\*\*\* \*\*

I, Albert Schmidt, Secretary of the Commonwealth of Pennsylvania, do hereby certify that the attached document(s) referenced above are true and correct copies and were filed in this office on the date(s) indicated above.



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and caused the seal



of my office to be affixed, the day and year  
above written

A handwritten signature in black ink, appearing to read "Albert Schmidt".

**ALBERT SCHMIDT**

Secretary of the Commonwealth

Verify this certificate online at [www.file.dos.pa.gov](http://www.file.dos.pa.gov)