

F96000002861

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

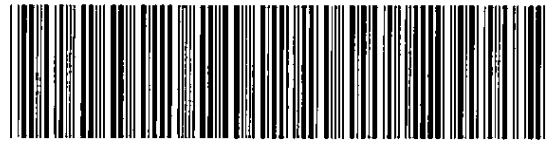
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JUL 25 2024

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05/31/24--01026--007 **43.75
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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.

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.hmig.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: F9600002861

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:

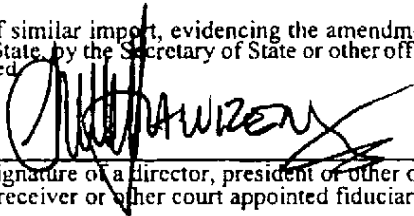
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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 |
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| _____ | _____ | _____ | <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

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

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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

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

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 cursive script, appearing to read "Albert Schmidt".

ALBERT SCHMIDT
Secretary of the Commonwealth

Verify this certificate online at www.file.dos.pa.gov