F96000004118

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COVER LETTER

Division of Corporations		
SUBJECT: RLI Indemnity Company's Name Cha	- , ,	
Name of	of Corporation	
DOCUMENT NUMBER: F96000004118		
The enclosed Amendment and fee are submit	tted for filing.	
Please return all correspondence concerning	this matter to the following:	
Andrew Dykens		
Name of Contact Person		
Arent Fox, LLP		
Firm/Company		
1675 Broadway		
Address		
New York, NY 10019		
City/State and Zip Code		
andrew.dykens@arentfox.com		
E-mail address: (to be used for future annu	al report notification)	
For further information concerning this matt	er, please call:	
Andrew Dykens	212 457-5419	
Name of Contact Person	at (212) 457-5419 Area Code & Daytime Telephone Number	
Enclosed is a check for the following amoun	ıt:	
X \$35.00 Filing Fee S43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)	
Mailing Address:	Street Address:	
Amendment Section Division of Corporations	Amendment Section	
P.O. Box 6327	Division of Corporations Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301



February 22, 2016

AMDREW DYKENS 2ND 9025 N LIMDBERGH DR PEORIARK, IL 61615

SUBJECT: RLI INDEMNITY COMPANY

Ref. Number: F96000004118

We have received your document for RLI INDEMNITY COMPANY and your check(s) totaling \$35.00. 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.

Tracy L Lemleux Regulatory Specialist II

Letter Number: 616A00001407

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)

I ⁵ 96000004118	
(Document nun	nber of corporation (if known)
RLI Indemnity Company	
(Name of corporation as it appe	ears on the records of the Department of State)
2. Illinois	3 08/12/1996
(Incorporated under laws of)	3. O8/12/1996 (Date authorized to do business in Florida)
	SECTION H LY THE APPLICABLE CHANGES)
4. If the amendment changes the name of the corpora	ation, when was the change effected under the laws of
its jurisdiction of incorporation? 11/30/2015	
5. Clear Blue Insurance Company	
appropriate abbreviation, if not contained in new	
(If new name is unavailable in Florida, enter altern business in Florida)6. If the amendment changes the period of duration,	ate corporate name adopted for the purpose of transacting
- -	
7. If the amendment changes the jurisdiction of incor	
(N	(ew jurisdiction)
	port, evidencing the amendment, authenticated not more than Department of State, by the Secretary of State or other official tion under the laws of which it is incorporated.
2 Min	president or other officer - if in the hands
(Signature of a director, p of a receiver or other cou	oresident or other officer - if in the hands ort appointed fiduciary, by that fiduciary)
Jeffrey K. Downey	Secretary
(Typed or printed name of person signing)	(Title of person signing)



AMENDED CERTIFICATE OF AUTHORITY

WH	iereas, the <u>Clear Bi</u>	ue Insurance Company	
(formerly RLI Indomnity Company)			
located at _	Chicago	, in the State of Illinois	
has compli	ed with all the require	ment of the "Illinois Insurance Code" applicable to	
said Comp	any:		
NO	W, THEREFORE, I, th	ne undersigned, Director of Insurance of the State of	
Illinois, do l	hereby authorize the s	said Company to transact its appropriate business as	
set forth un	nder Clauses(s)		
	(a), (b), (c), (d),	(e), (f), (g), (h), (i), (i), (k) of Class 2	
	(a), (b), (c), (d),	(e), (f), (q), (h) of Class 3	
of Section	4 of the "Illinois Insu	rance Code" in this State, in accordance with the laws	
thereof.			
		DEPARTMENT OF INSURANCE of the State of Illinois;	
DATE: 11	130/15		
		anne Melassa Dorolege	
		ANNE MELISSA DOWLING	

ACTING DIRECTOR OF INSURANCE





Illinois Department of Insurance

BRUCE RAUNER Governor ANNE MELISSA DOWLING
Acting Director

November 30, 2015

Mr. Elliott M. Kroll Arent Fox LLP 1675 Broadway New York, NY 10019-5820

Re: RLI Indemnity Company Name Change to Clear Blue Insurance Company

Dear Mr. Kroll:

We are pleased to enclose herewith the Amended Certificate of Authority and Amended Articles of Incorporation.

The Articles must now be filed with the Recorder of Deeds of your County and the Department must be notified of the date of such filling.

Also enclosed is a copy of the Amended By-Laws bearing our filing notation for retention in your files so that examiners of this State and any other State will know that this document has been filed.

Very truly yours,

Marcy Savage (Mrs.)

Acting Assistant Deputy Director Corporate Regulatory Section

MS:alt

Enclosure