

F99 0000001928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

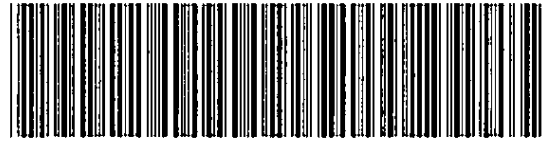
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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J DENNIS

AUG 12 2021

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: NORCAL Mutual Insurance Company

Name of Corporation

DOCUMENT NUMBER: F99000001928

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rega Paulson

Name of Contact Person

NORCAL Insurance Company

Firm/Company

P.O. Box 2080

Address

Mechanicsburg, PA 17055

City/State and Zip Code

compliance@norcal-group.com

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

For further information concerning this matter, please call:

Rega Paulson

Name of Contact Person

at (512) 879-5176

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)

F99000001928

(Document number of corporation (if known))

1. NORCAL Mutual Insurance Company
(Name of corporation as it appears on the records of the Department of State)
2. California 3. 10/24/2013
(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? 4/29/2021
5. NORCAL 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.

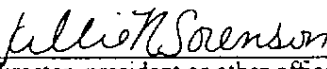
Signature of New Registered Agent, if changing

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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

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)

Kellie N. Sorenson

(Typed or printed name of person signing)

SVP & Chief Legal Counsel

(Title of person signing)

FILING FEE \$35.00

STATE OF CALIFORNIA
DEPARTMENT OF INSURANCE

San Francisco

I, RICARDO LARA, Insurance Commissioner of the State of California, do hereby certify that on the date specified herein, the name **NORCAL Insurance Company**, a California corporation has been approved and reserved in California as a name change for **NORCAL Mutual Insurance Company** for a period of 90 days from the date herein.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my
official seal the day and year specified below.

RICARDO LARA
Insurance Commissioner



By
Pretrice M. Curry-Bossett
Senior Legal Analyst
On Behalf of
Catalina Hayes-Bautista
Chief Deputy Commissioner
April 29, 2021

A California corporation must attach this Certificate to its Articles of Incorporation (Amendment) filed with the California Secretary of State.

Note: This Certificate does not authorize the subject entity to transact business in California unless and until an Amended Certificate of Authority or License has been issued.