

PO3484

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

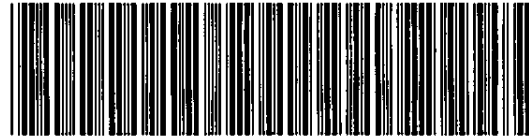
(Business Entity Name)

(Document Number)

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09/08/14--01004--016 **35.00

Name Change
Amend

FILED
2014 SEP 19 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

X00789, 00641, 00671, 9/23/14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Stonewood National Insurance Company
Name of Corporation

DOCUMENT NUMBER: P03484

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sarah Josselyn

Name of Contact Person

Stonewood Insurance Company

Firm/Company

PO Box 97488

Address

Raleigh, NC 27624

City/State and Zip Code

sjosselyn@stonewoodins.com

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

For further information concerning this matter, please call:

Sarah Josselyn

Name of Contact Person

at (919) 882-3543

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:



\$35.00 Filing Fee



\$43.75 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:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 12, 2014

Sarah Josselyn
Stonewood Insurance Company
P.O. Box 97488
Raleigh, NC 27624

SUBJECT: STONEWOOD NATIONAL INSURANCE COMPANY
Ref. Number: P03484

We have received your document for STONEWOOD NATIONAL INSURANCE 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.

Annette Ramsey
Regulatory Specialist II

Letter Number: 314A00019634

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)

P03484

(Document number of corporation (if known))

FILED
2011 SEP 19 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Stonewood National Insurance Company

(Name of corporation as it appears on the records of the Department of State)

2. Ohio

(Incorporated under laws of)

3. 9/25/1984

(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? 08/01/2014

5. Falls Lake National 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. 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.

Thomas R. Faverbach

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Thomas Faverbach

(Typed or printed name of person signing)

CFO/Chief Actuary

(Title of person signing)



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
08/04/2014	201421600914	DOMESTIC/AMENDMENT TO ARTICLES (AMD)	50.00	100.00	0.00	0.00	50.00

Receipt

This is not a bill. Please do not remit payment.

VORYS SATER SEYMOUR AND PEASE LLP
MARY JO GROVE
52 E. GAY ST.
COLUMBUS, OH 43215

**STATE OF OHIO
CERTIFICATE**

**Ohio Secretary of State, Jon Husted
CP1184**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

FALLS LAKE NATIONAL INSURANCE COMPANY

and, that said business records show the filing and recording of:

Document(s)

DOMESTIC/AMENDMENT TO ARTICLES

Effective Date: 08/01/2014

Document No(s):

201421600914



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
4th day of August, A.D. 2014.

Jon Husted

Ohio Secretary of State



Form 540 Prescribed by:
JON HUSTED
Ohio Secretary of State

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)
www.OhioSecretaryofState.gov
Busserv@OhioSecretaryofState.gov

Makes checks payable to Ohio Secretary of State

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 1329
Columbus, OH 43216

Expedite Filing (Two-business day processing
time requires an additional \$100.00).
P.O. Box 1390
Columbus, OH 43216

Certificate of Amendment (For-Profit, Domestic Corporation) Filing Fee: \$50

Check appropriate box:

- ☒ Amendment to existing Articles of Incorporation (125-AMDS)
☐ Amended and Restated Articles (122-AMAP) - The following articles supersede the existing articles and all amendments thereto.

Complete the following information:

Name of Corporation

Charter Number

Check one box below and provide information as required:

- ☐ The articles are hereby amended by the **Incorporators**. Pursuant to Ohio Revised Code section 1701.70(A), incorporators may adopt an amendment to the articles by a writing signed by them if initial directors are not named in the articles or elected and before subscriptions to shares have been received.

- ☐ The articles are hereby amended by the **Directors**. Pursuant to Ohio Revised Code section 1701.70 (A), directors may adopt amendments if initial directors were named in articles or elected, but subscriptions to shares have not been received. Also, Ohio Revised Code section 1701.70(B) sets forth additional cases in which directors may adopt an amendment to the articles.

The resolution was adopted pursuant to Ohio Revised Code section 1701.70(B)
(In this space insert the number 1 through 10 to provide basis for adoption.)

- ☒ The articles are hereby amended by the **Shareholders** pursuant to Ohio Revised Code section 1701.71.

- ☐ The articles are hereby amended and restated pursuant to Ohio Revised Code section 1701.72.

A copy of the resolution of amendment is attached to this document.

Note: If amended articles were adopted, they must set forth all provisions required in original articles except that articles amended by directors or shareholders need not contain any statement with respect to initial stated capital. See Ohio Revised Code section 1701.04 for required provisions.

Required

Must be signed by all incorporators, if amended by incorporators, or an authorized officer if amended by directors or shareholders, pursuant to Ohio Revised Code section 1701.73(B) and (C).

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

Steven J. Hartman
Signature

STEVEN J. HARTMAN
By (if applicable)

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Print Name

Signature

By (if applicable)

Print Name

ATTACHMENT TO THE CERTIFICATE OF AMENDMENT
OF
STONEWOOD NATIONAL INSURANCE COMPANY

RESOLVED, that Article FIRST of the Amended and Restated Articles of Incorporation of the Corporation as amended, be, and it hereby is, amended in its entirety to read as follows: "

FIRST: The name of the corporation is Falls Lake National Insurance Company.

UNITED STATES OF AMERICA,
STATE OF OHIO,
OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, Secretary of State of the State of Ohio, do hereby certify that the foregoing is a true and correct copy, consisting of 6 pages, as taken from the original record now in my official custody as Secretary of State.



WITNESS my hand and official seal at
Columbus, Ohio, this 4th day of
August 2014 A.D.

Jon Husted

JON HUSTED
Secretary Of State

By: [Signature]

NOTICE: This is an official certification only when reproduced in red ink