

P05000049664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

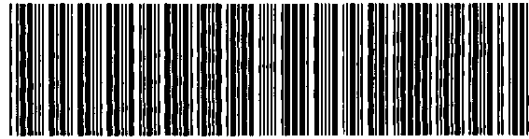
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400208937524

06/15/11--01021--002 \*\*35.00

*Amus/NC*

FILED

11 JUL -6 PM 4:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*TR 7-7-11*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 17, 2011

DIANE FALCONE  
HOME WISE INSURANCE COMPANY  
4042 PARK OAKS BLVD, S TE 400  
TAMPA, FL 33610

SUBJECT: FIRST HOME INSURANCE COMPANY  
Ref. Number: P05000049664

We have received your document for FIRST HOME 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):

The Chief Financial Officer is by law the registered agent for the subject entity. If you want to make a change in the contact person who is designated to accept service of process with the Department of Financial Services, please contact that Department at (850) 413-4102.

The date of adoption of each amendment must be included in the document.

Page 2 of your document is missing. Please check only one box under the adoption of amendment.

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) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 011A00014779



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 17, 2011

DIANE FALCONE  
HOME WISE INSURANCE COMPANY  
4042 PARK OAKS BLVD, S TE 400  
TAMPA, FL 33610

SUBJECT: FIRST HOME INSURANCE COMPANY  
Ref. Number: P05000049664

We have received your document for FIRST HOME 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):

The Chief Financial Officer is by law the registered agent for the subject entity. If you want to make a change in the contact person who is designated to accept service of process with the Department of Financial Services, please contact that Department at (850) 413-4102.

The date of adoption of each amendment must be included in the document.

Page 2 of your document is missing. Please check only one box under the adoption of amendment.

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) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 011A00014779



PMB 306  
19046 Bruce B. Downs Blvd  
Tampa, FL 33647-2434  
Tel: 813-202-8600  
Fax: 813-202-8586  
[www.homewiseinsurance.com](http://www.homewiseinsurance.com)

June 24, 2011

Ms. Tina Roberts  
Regulatory Specialist II  
Florida Department of State  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: First Home Insurance Company  
Ref. Number P05000049664  
Letter Number: 011A00014779

Dear Ms. Roberts:

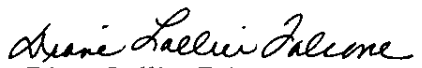
Enclosed please find Articles of Amendment for the captioned company, revised to correct the issues identified in the Letter referenced above.

We understand that the check submitted with the original filing has been held and will be applied to this corrected submission.

We trust that this document will now be filed. If you identify any other problems, please contact me directly at my Tampa office at 813-202-8606.

Thank you for your assistance in this matter.

Very truly yours,

  
Diane Lallier Falcone  
General Counsel  
HomeWise Insurance Company

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: FIRST HOME INSURANCE COMPANY

DOCUMENT NUMBER: P050000 49664

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DIANE FALCONE

Name of Contact Person

HOME WISE INSURANCE COMPANY

Firm/ Company

4042 PARK OAKS BLVD.

Address

SUITE 400

TAMPA FL 33610

City/ State and Zip Code

diane.falcone@homewiseinsurance.com

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

For further information concerning this matter, please call:

DIANE FALCONE

Name of Contact Person

at ( 813 ) 202-8606

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 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

Articles of Amendment  
to  
Articles of Incorporation  
of

FIRST HOME INSURANCE COMPANY

(Name of Corporation as currently filed with the Florida Dept. of State)

P05000049664

(Document Number of Corporation (if known))

FILED  
11 JUL -6 PM 4:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

HOMEWISE INSURANCE COMPANY The new  
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the  
abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation  
name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:  
(Principal office address MUST BE A STREET ADDRESS)

HOME WISE  
4042 PARK OAKS BLVD  
SUITE 400  
TAMPA, FL 33610

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

HOME WISE  
19046 BRUCE B. DOWNS BLVD  
PMB 306  
TAMPA, FL 33647

D. 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:

New Registered Office Address:

(Florida street address)

(City)

, Florida  
(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

**If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:**  
*(Attach additional sheets, if necessary)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	SEE ATTACHED		<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**  
*(attach additional sheets, if necessary). (Be specific)*

---

---

---

---

---

---

---

---

---

---

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**  
*(if not applicable, indicate N/A)*

N/A

---

---

---

---

---

---

---

---

The date of each amendment(s) adoption: JUNE 5, 2011  
(date of adoption is required)  
Effective date if applicable: JUNE 5, 2011  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_."  
(voting group)

☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 6/24/11

Signature Diane Eileen Falcone  
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

DIANE EILEEN FALCONE  
(Typed or printed name of person signing)

SECRETARY & GENERAL COUNSEL  
(Title of person signing)



**ACTION: REMOVE THE FOLLOWING:**

**DIRECTORS**

Mark Miller  
G. Douglas Patterson  
Christopher Yoo  
W. Michael Lefler  
Brian D. Rivers  
Craig Bissell

**ACTION: REMOVE THE FOLLOWING:**

**OFFICERS**

W. Michael Lefler	President and Chief Executive Officer
G. Douglas Patterson	Vice President and Asst. Secretary
Mark Miller	Vice President, Asst. Treasurer and Asst. Secretary
David Lathrop	Secretary and Asst. Treasurer
Craig Bissell	Chief Financial Officer, Treasurer and Asst. Secretary
William M. Newby	Senior Vice President and Chief Operating Officer

**ACTION: ADD THE FOLLOWING:**

**DIRECTORS**

Dale S. Hammond  
Thomas A. Lee  
Thomas McDaniel  
W. Michael Lefler  
Timothy L. Journy

**ACTION: ADD THE FOLLOWING**

**OFFICERS**

Dale S. Hammond	President and Chief Executive Officer
Timothy L. Journy	Executive Vice President, Treasurer and Chief Financial Officer
Diane E. Falcone	Secretary and General Counsel

Timothy A. Paddock Senior Vice President Personal Operations and Chief  
Actuary  
W. Michael Lefler Senior Vice President – Commercial Operations

**ADDRESS FOR THE ABOVE ADDITIONS SHOULD ALL BE SHOWN  
AS:**

HOMEWISE INSURANCE COMPANY  
4042 Park Oaks Boulevard  
Suite 400  
Tampa, Florida 33610

**ARTICLES OF AMENDMENT**  
**TO**  
**ARTICLES OF INCORPORATION**  
**OF**  
**FIRST HOME INSURANCE COMPANY**  
**DOCUMENT NUMBER: P05000049664**

Pursuant to provisions of Section 607.1006, Florida Statutes, the above corporation adopts the following amendments to its Article of Incorporation:

Article 1 is replaced in its entirety with the following:

**Article 1**

**NAME**

The name of the corporation shall be HomeWise Insurance Company. For convenience, the corporation shall be referred to in the instrument as the "Company". These Articles of Incorporation shall be referred to as the "Articles", and the By-Laws of the Company, as the "By-Laws".

Article 2 is replaced in its entirety with the following:

**Article 2**

**OFFICE**

The principal office and mailing address of the Company shall be 4042 Park Oaks Boulevard, Suite 400, Tampa, Florida 33610.

These amendments were adopted pursuant to the direction of the Company's Board of Directors without shareholder action and shareholder action was not required.

Date of Amendments and Effective Date: June 5, 2011.



Dale S. Hammond

President and Chief Executive Officer