

P10947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

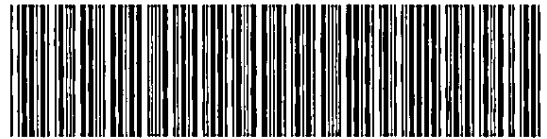
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

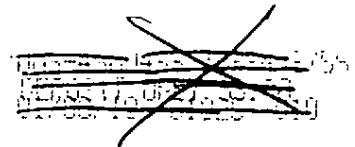
4/3

Cost

Office Use Only



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01/08/19--01025--011 **43.75

FILED
CLERK OF STATE
OFFICE OF CORPORATIONS
11-03-19 PM 2:48

APR 03 2019

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BlueShore Insurance Company
Name of Corporation

DOCUMENT NUMBER: P10947

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Leah Baltazar

Name of Contact Person

BlueShore Insurance Company

Firm/Company

1720 W. Rio Salado Pkwy.

Address

Tempe, AZ 85281

City/State and Zip Code

legal.licensing@blueshoreins.com

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

For further information concerning this matter, please call:

Leah Baltazar

Name of Contact Person

at (602) 730-9060

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

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
10-11-11 PM 2:49



January 30, 2019

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

We received the enclosed objection letter from your office requesting a Certificate of Good Standing. We have attached the Certificate of Good Standing from the Texas Department of Insurance as we are not registered with the Texas Secretary of State.

Please let us know if you have any questions or if anything else is needed.

Thank you.

A handwritten signature in black ink, appearing to read "Leah Baltazar", written over a horizontal line.

Name: Leah Baltazar

Title: Assistant VP of Admin. | Compliance Analyst

602-730-9060 | Legal.Licensing@BlueShoreins.com



COLORADO

Department of
Regulatory Agencies

Division of Insurance

Michael Conway
Commissioner of Insurance

February 15, 2019

Ms. Leah Baltazar
1720 W. Rio Salado Pkwy
Tempe, AZ 85281

Re: BlueShore Insurance Company, HAIC# 22250
Amended Colorado Certificate of Authority

Dear Ms. Baltazar:

Please find enclosed an amended Colorado Certificate of Authority for the above-referenced company. This new certificate reflects the company's redomestication to Texas.

Please note that this Certificate is issued in continuous format, and should be maintained as a permanent company record.

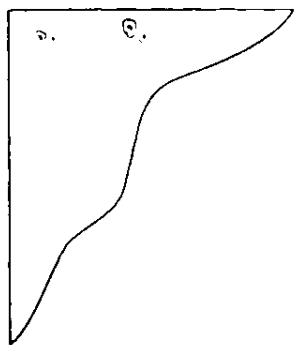
If you have any questions, please feel free to contact me directly at 303-894-7836.

Sincerely,

Cindy Hathaway
Director, Corporate Affairs
Cindy.Hathaway@state.co.us

Enc.





February 21, 2019

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Diane Cushing:

We, BlueShore Insurance Company (Ref. Number P10947), received the enclosed rejection letter to amend our information on file with the Florida Secretary of State due to our domicile state changing from Colorado to Texas. After speaking with someone in your office, we were advised that we would need to send in our Certificate of Good Standing. We have enclosed the Certificate of Good Standing (which is called a Letter of Good Standing per the Texas Department of Insurance), since we are not registered with the Texas Secretary of State, and therefore cannot provide one from them.

Please let us know if you have any questions.

Thank you.

Name: Leah Baltazar

Title: Assistant VP of Administration | Compliance Analyst

602-730-9060 | Legal.Licensing@BlueShoreins.com



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 17, 2019

LEAH BALTAZAR
BLUESHORE INSURANCE COMPANY
1720 W RIO SALADO PKWY
TEMPE, AZ 85281

SUBJECT: BLUESHORE INSURANCE COMPANY
Ref. Number: P10947

We have received your document for BLUESHORE INSURANCE COMPANY and your check(s) totaling \$43.75. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Diane Cushing
Senior Section Administrator

Letter Number: 519A00001411

RECEIVED
2019 FEB -6 PM 1:49
RECEIVED
TALLAHASSEE FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 12, 2019

LEAH BALTAZAR
BLUESHORE INSURANCE COMPANY
1720 W RIO SALADO PKWY
TEMPE, AZ 85281

SUBJECT: BLUESHORE INSURANCE COMPANY
Ref. Number: P10947

We have received your document for BLUESHORE INSURANCE COMPANY and your check(s) totaling \$43.75. However, the document has not been filed and is being retained in this office for the following:

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.

The certificate that we need must show that the jurisdiction was a Colorado and now it is a Texas. We need proof of the change.

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.

Diane Cushing
Senior Section Administrator

Letter Number: 319A00003046

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)

710947
(Document number of corporation (if known))

1. BlueShore Insurance Company
(Name of corporation as it appears on the records of the Department of State)
2. Colorado (Incorporated under laws of)
3. 07/28/1986 (Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

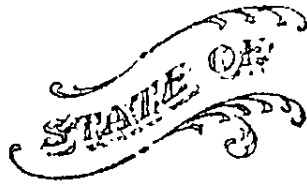
4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? _____
5. _____
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained 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.
Texas
(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.

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

Leah Baltazar
(Typed or printed name of person signing)

Assistant VP of Administration
(Title of person signing)



Division of Insurance

DEPARTMENT OF REGULATORY AGENCIES
CERTIFICATE OF AUTHORITY

This is to Certify that the

BlueShore Insurance Company,

organized under the laws of Texas,

subject to its Articles of Incorporation or other fundamental organizational documents and in consideration of its compliance with the laws of Colorado, is hereby licensed to transact business as a

Multiple Line

insurance company, for the lines of business designated below:

General Casualty

Motor Vehicle (Property)

Motor Vehicle (Casualty)

as provided by the Insurance Laws of Colorado, as amended, so long as the insurer continues to conform to the authority granted by its Certificate and its corporate articles, or its Certificate is otherwise revoked, cancelled or suspended.



*In Witness Whereof, I have hereunto
set my hand and caused the official
seal of my office to be affixed at the
City and County of Denver, this
14th day of February, 2019.*


COMMISSIONER OF INSURANCE

Texas Department of Insurance

Amended Certificate of Authority

License no. 5833

Licensed since: December 19, 1986

Department Certification

BlueShore Insurance Company
(domestic stock casualty company)
organized under the laws of the state of Texas

This entity has complied with the laws of the state of Texas, as applicable, and is authorized to transact the following lines of insurance:

Auto Physical Damage, Automobile Liability, Liability Other than Auto

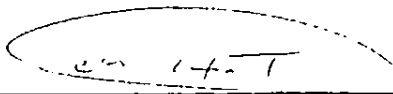
This amended certificate of authority is in full force and effect until it is revoked, canceled, or suspended according to law.

Given under my hand and official seal of office
in the city of Austin,

November 30, 2018

KENT C. SULLIVAN
COMMISSIONER OF INSURANCE

BY


Jeff Hunt, Director
Company Licensing and Registration
Commissioner's order no. 3632



Applicant Company Name: BlueShore Insurance Company

NAIC No. 22250
FEIN 11-2810202

**Uniform Certificate of Authority Application (UCAA)
CERTIFICATE OF COMPLIANCE**

State of Texas Office of Department of Insurance
(Domiciliary State of Applicant Company) (Commissioner, Superintendent, Officer)

I, Elijio Salas, hereby certify that I am the Associate Commissioner of Company Licensing & Registration
(Name) (Position)

office * of the State of Texas and have supervision of insurance business in said State and as such,

I hereby certify that

BlueShore Insurance Company
(Name of Applicant Company)

of AUSTIN, Texas is duly organized under the laws of said state and
(City/State)

is authorized to transact the business of

Auto Physical Damage, Automobile Liability, and Liability Other than Auto
(Lines of Insurance)**

insurance in this state.

IN TESTIMONY WHEREOF, I have hereunto set my hand at Austin, Texas
(Location)

on January 24, 2019


(Signature)

Elijio Salas
(Printed Name)

* Insurance Commissioner, Officer or Superintendent of Insurance authorized to certify to the insurance business within the domiciliary state.

** Lines of Insurance as shown on Form 3 of UCAA