

P 20208

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

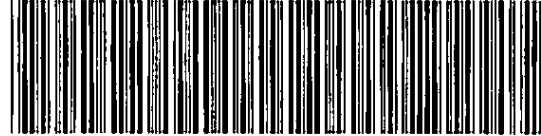
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

2/3/2023

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Coalition Insurance Company

Name of Corporation

DOCUMENT NUMBER: _____

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Casey O'Donnell

Name of Contact Person

Westmont Associates, Inc.

Firm/Company

1763 Marlon Pike East, Suite 200

Address

Cherry Hill, NJ 08003

City/State and Zip Code

casey@westmontlaw.com

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

For further information concerning this matter, please call:

Casey O'Donnell

at (856) 216-0220

Name of Contact Person

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.)

2022 NOV -3 PM 4: 53

SECRETARY OF STATE
TALLAHASSEE, FL

SECTION I
(1-3 MUST BE COMPLETED)

P20208

(Document number of corporation (if known))

1. Digital Affect Insurance Company
(Name of corporation as it appears on the records of the Department of State)

2. New York
(Incorporated under laws of)

3. 7/26/1988
(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? 10/4/2022

5. Coalition 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)

Not Applicable

(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.

Not Applicable


(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

Not Applicable

(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.



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

John Littzi

(Typed or printed name of person signing)

Secretary

(Title of person signing)

SHORT CERTIFICATE

STATE OF NEW YORK

DEPARTMENT OF FINANCIAL SERVICES

It is hereby certified that the attached copy of the Certificate of Amendment of the Charter of Digital Affect Insurance Company, of City & State of New York, for the purpose of changing the company's name to Coalition Insurance Company, as filed with this Department, October 4, 2022, pursuant to Section 1206 of the New York Insurance Law,

has been compared with the original on file in this Department and that it is a correct transcript therefrom and of the whole of said original.



In Witness Whereof, I have hereunto set my hand and affixed the official seal of this Department at the City of Albany, this 4th day of October 2022.

A handwritten signature in black ink, appearing to read "Colleen M. Draper".

Colleen M. Draper
Special Deputy Superintendent

CERTIFICATE OF AMENDMENT OF
CHARTER OF
DIGITAL AFFECT INSURANCE COMPANY

Under Section 1206 of the Insurance Law And
Section 805 of the Business Corporation Law

We, the undersigned, the President and Secretary of Digital Affect Insurance Company (the
"Company"), a New York Corporation, hereby certify as follows:

1. The name of the Corporation is Digital Affect Insurance Company. The name under which the Corporation was formed was Nordstern Insurance Company of America, which was further changed to AXA Art Insurance Corporation on the 18th day of December, 2018;
2. The Charter of Nordstren Insurance Company of America was filed by the Superintendent of Insurance of the State of New York on September 17, 1986;
3. The Charter is hereby amended to change the name of the Corporation to "Coalition Insurance Company"
4. To effect the foregoing amendment, Section 1 of the Charter, is hereby amended to read as follows:

"Section 1: The name of this corporation shall
be Coalition Insurance Company."

5. The Certificate of Amendment was authorized by a resolution of the Board of Directors by unanimous written consent on the date hereof and by resolution of the shareholders by unanimous written consent on the date hereof.

IN WITNESS WHERE OF, we have signed this Certificate of Amendment on the 26th day of August, 2022 and we affirm the statements contained herein as true under the penalties of perjury.

DocuSigned by:

Joshua Motta

11 F A0210F-AA0447

Joshua Motta President

DocuSigned by:

John Littzi

8F8CDF12C008465

John Littzi Secretary