

P20707

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(Business Entity Name)

(Document Number)

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OCT 20 2015
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Homesite Insurance Company

Name of Corporation

DOCUMENT NUMBER: P20707

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rebecca Buchanan-Mackie

Name of Contact Person

Homesite Group Incorporated

Firm/Company

One Federal St., Suite 400

Address

Boston, MA 02110

City/State and Zip Code

lauren.johnson@homesite.com

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

For further information concerning this matter, please call:

Rebecca Buchanan-Mackie

Name of Contact Person

at (617) 832-1443
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

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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

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)

P20707

(Document number of corporation (if known))

1. Homesite Insurance Company

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

2. Connecticut

(Incorporated under laws of)

3. 8/30/1988

(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? _____

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.

Wisconsin

(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)

Anthony M. Scavongelli

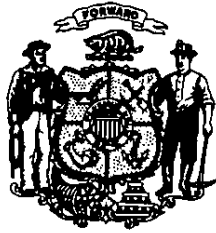
(Typed or printed name of person signing)

Exec. VP, General Counsel

(Title of person signing)

216 OCT 18 AM 5:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



**State of Wisconsin
Office of the Commissioner of Insurance
P.O. Box 7873
Madison, Wisconsin 53707-7873**

Certification of the Authenticity of Copy of Document on File

The Commissioner of Insurance of the State of Wisconsin certifies that the attached copy of

REDOMESTICATION ORDER Case No. 16-C41468

for Homesite Insurance Company

is a true and correct copy of the original now on file with the Office of the Commissioner of Insurance.

Dated at Madison, Wisconsin, this 13th day of October, 2016.

A stylized, handwritten signature in black ink, likely belonging to the Commissioner of Insurance.

Commissioner of Insurance

OFFICE OF THE COMMISSIONER OF INSURANCE (OCI)

STATE OF WISCONSIN

In the Matter of the Redomestication of
Homesite Insurance Company
[NAIC No. 17221]

ORDER
Case No. 16-C41468

Respondent.

BEFORE THE HONORABLE THEODORE K. NICKEL
COMMISSIONER OF INSURANCE

FINDINGS OF FACT

1. Homesite Insurance Company (the "Company"), presently domiciled in the State of Connecticut, has applied to OCI for approval to redomesticate to Wisconsin pursuant to s. 611.223, Wis. Stat. and s. Ins 6.03, Wis. Adm. Code. The Company currently has a certificate of authority to conduct the business of insurance in the State of Wisconsin.
2. The Company's principal place of business is One Federal Street, Suite 400, Boston, MA 02110-2003, and the telephone number is (617) 832-1300.
3. The application for redomestication has met all of the required contents set-forth in s. Ins. 6.03 (3), Wis. Adm. Code.
4. No evidence has been submitted that the proposed transfer of domicile is inconsistent with the interests of the Company's insureds and of the public.

CONCLUSION OF LAW

5. The application for redomestication to Wisconsin complies with the requirements set-forth in s. 611.223, Wis. Stat. and s. Ins 6.03, Wis. Adm. Code.

ORDER

NOW, THEREFORE, based upon the findings of fact and conclusion of law, it is hereby ordered that:

6. The redomestication of the Company from Connecticut to Wisconsin is approved as of the date below.
7. The Company will be issued an amended certificate of authority that shows that it is domiciled in the State of Wisconsin.
8. The transfer of the Company's place of domicile does not affect the obligations of the insurer under its existing insurance contracts, or any existing contracts.

Dated at Madison, Wisconsin, this 30th day of September, 2016.


Theodore K. Nickel
Commissioner of Insurance