# P22135

(Requestor's Name)		
(Address)		
(Address)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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#### **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Peak Property and Case	ualty Corporation of Corporation)
DOCUMENT NUMBER: P22735	
The enclosed Amendment and fee are submi	itted for filing.
Please return all correspondence concerning	this matter to the following:
Shelley McEachen (Name of Contact Person)	<del></del>
Sentry Insurance a Mutual C	ompany
1800 North Point Drive (Address)	······································
Stevens Point, WI 54481 (City/State and Zip Code)	
For further information concerning this matt	er, please call:
Shelley McEachen (Name of Contact Person)	at (715) 346-7982 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amoun	ıt:
\$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, 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)

P22735			
(Document number	r of corporation (if known)		
1. Peak Property and Casualty Insurar	nce Corporation		
(Name of corporation as it appears on the records of the Department of State)			
2. North Carolina	<sub>3.</sub> 01/26/1989		
(Incorporated under laws of)	(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 its jurisdiction of incorporation?	on, when was the change effected under the laws of		
5.  (Name of corporation after the amendment, adding sappropriate abbreviation, if not contained in new name of the contained in new	uffix "corporation," "company," or "incorporated," or me of the corporation)		
(If new name is unavailable in Florida, enter alternate business in Florida)	e corporate name adopted for the purpose of transacting		
6. If the amendment changes the period of duration, inc	licate new period of duration.		
(Ne	w duration)		
7. If the amendment changes the jurisdiction of incorpo	oration, indicate new jurisdiction.		
<u>Colorado</u> (New	jurisdiction)		
(Signature of a director) president of other officer - if in of a receiver or other court appointed fiduciary, by that	the hands t fiduciary)		
William M. O'Reilly	Secretary		
(Typed or printed name of person signi	ng) (Title of person signing)		



## STATE OF COLORADO

### DEPARTMENT OF STATE

#### **CERTIFICATE**

I, GINETTE DENNIS, SECRETARY OF STATE OF THE STATE OF COLORADO HEREBY CERTIFY THAT ACCORDING TO THE RECORDS OF THIS OFFICE

PEAK PROPERTY AND CASUALTY INSURANCE CORPORATION (COLORADO INSURANCE COMPANY)

FILED AN APPLICATION OF AMENDED AUTHORITY ON MARCH 5, 1999 STATING THE REDOMESTICATION FROM NORTH CAROLINA TO COLORADO.

Dated: January 27, 2006

Linette Dennis

SECRETARY OF STATE