

P22735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Amend

FILED

07 JUL -2 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts JUL -9 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Peak Property and Casualty Insurance Corporation
(Name of Corporation)

DOCUMENT NUMBER: P22735

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Patricia Mueske

(Name of Contact Person)

Sentry Insurance a Mutual Company

(Firm/Company)

1800 North Point Drive

(Address)

Stevens Point WI 54481

(City/State and Zip Code)

For further information concerning this matter, please call:

Patricia Mueske at (715) 346-7452

(Name of Contact Person)

(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

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 of corporation (if known))

1. Peak Property and Casualty Insurance Corporation

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

2. Colorado

(Incorporated under laws of)

3. 01/26/1989

(Date authorized to do business in Florida)

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TALLAHASSEE, 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.

William M. O'Reilly
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

William M. O'Reilly

(Typed or printed name of person signing)

Secretary

(Title of person signing)



**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

CERTIFICATE OF AUTHORITY

**for Peak Property and Casualty Insurance Company (Re-domesticated from Colorado to
Wisconsin effective December 15, 2006)**

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 22nd day of June, 2007.

A handwritten signature in black ink, consisting of a stylized 'A' followed by a series of loops and a long horizontal stroke.

Commissioner of Insurance



Certificate of Authority State of Wisconsin

Office of the Commissioner of Insurance

Certificate No.: 11617
Date Issued: 01/11/07
License Chapter: 611 Wis. Stat.

This is to Certify, That pursuant to the Insurance Laws of the state of Wisconsin,

Peak Property and Casualty Insurance Corporation

Wisconsin

Has paid the fees and taxes required by law and that it is hereby authorized to transact the business of:

Aircraft
Automobile Insurance
Fidelity
Fire, Inland Marine and Other Property
Liability and Incidental Medical Expense
Miscellaneous
Surety

Subject to the following limitations:

None

In the state of Wisconsin as long as the insurer continues to conform to the authority granted by this certificate, is in full compliance with all, and not in violation of any, of the applicable laws and lawful requirements made under authority of the laws of the state of Wisconsin.

A handwritten signature in black ink, appearing to be "A. J. B.", written over a horizontal line.

Commissioner of Insurance