

9/10/2018

Division of Corporations

Florida Department of State

Division of Corporations

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Division of Corporations
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SECRETARY OF STATE
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
AMERICAN HEALTHCARE INDEMNITY COMPANY**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Nancy
Chs

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TALLAHASSEE, FL

OK to File per Gwenchick w/OIR

SEP 13 2018

I ALBRITTON

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Corporate Filing Menu

Help

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)

P25626

(Document number of corporation (if known))

1. American Healthcare Indemnity Company

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

2. Oklahoma

(Incorporated under laws of)

3. 08/16/1989

(Date authorized to do business in Florida)

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2018 SEP 10 AM 9:41
TALLAHASSEE, FL
SECRETARY OF STATE

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? 03/15/2018

5. Service American Indemnity 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)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

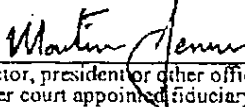
6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

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

(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)

MARTIN JOHN CHARLES JENNS

(Typed or printed name of person signing)

President

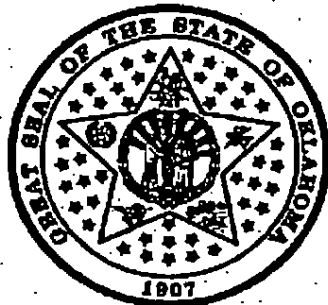
(Title of person signing)

OFFICE OF THE SECRETARY OF STATE

**CERTIFICATE OF GOOD STANDING
DOMESTIC FOR PROFIT CORPORATION INSURANCE**

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

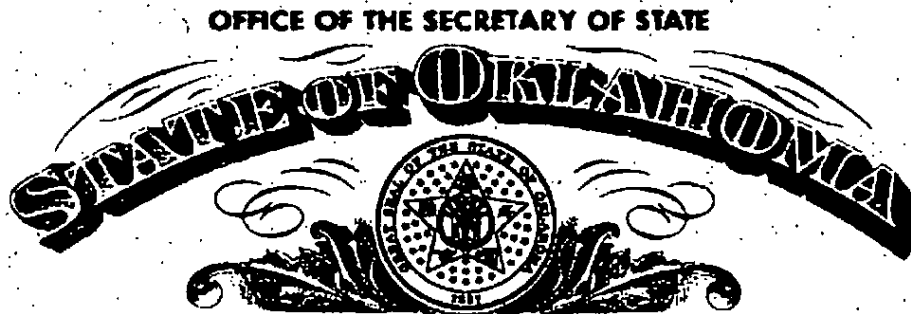
I FURTHER CERTIFY that SERVICE AMERICAN INDEMNITY COMPANY whose registered agent is ANGELA ABLES with its registered office at 201 ROBERT S. KERR AVENUE SUITE 600 OKLAHOMA CITY, Oklahoma is a Domestic For Profit Corporation Insurance duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 4th day of September, 2018.

A handwritten signature in cursive script, appearing to read "Jennifer Hill", is written over a horizontal line.

Secretary Of State

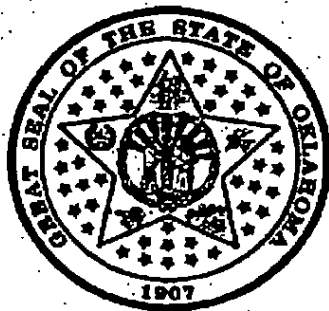


CERTIFICATE OF NAME CHANGE

I THE UNDERSIGNED, Secretary of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of corporations to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that an Amended Certificate of Incorporation was filed in this office on March 15, 2018, by AMERICAN HEALTHCARE INDEMNITY COMPANY which amended the corporate name to:

SERVICE AMERICAN INDEMNITY COMPANY



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 4th day of September, 2018.



Secretary Of State