

P27974

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

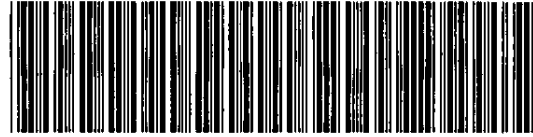
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/28/14--01016--005 **35.00

*Name Change
Amended*

FILED
2014 MAY 28 PM 4:17
CLERK OF STATE
TALLAHASSEE, FLORIDA

DR
1/1/14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AMERICAN FUJI FIRE AND MARINE 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:

LORI M. POWERS

Name of Contact Person

WHITE MOUNTAINS SOLUTIONS, INC.

Firm/Company

628 HEBRON AVE. SUITE 106

Address

GLASATONBURY, CT 06033

City/State and Zip Code

LORI.POWERS@WTMSOLUTIONSINC.COM

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

For further information concerning this matter, please call:

LORI M. POWERS

Name of Contact Person

at (**860**) **368-2004**

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)

(Document number of corporation (if known))

1. AMERICAN FUJI FIRE AND MARINE INSURANCE COMPANY

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

2. ILLINOIS

(Incorporated under laws of)

3. JANUARY 29, 1990

(Date authorized to do business in Florida)

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STATE OF FLORIDA
TALLAHASSEE

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? DECEMBER 6, 2013

5. ASHMERE 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)

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

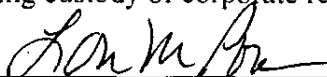
6. If the amendment changes the period of duration, indicate new period of duration.

(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)

LORI M. POWERS

(Typed or printed name of person signing)

VP AND COMPLIANCE OFFICER

(Title of person signing)



STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
320 WEST WASHINGTON STREET
SPRINGFIELD, ILLINOIS 62767-0001



I, the undersigned, Director of Insurance of the State of Illinois, hereby certify that the document to which this Certification is attached is a true and correct copy of the original now on file in and forming a part of the records of the Illinois Department of Insurance.

In witness whereof, I hereto set my hand and cause to be affixed this Seal in Springfield, Illinois.

Date: MAY 20 2014 Andrew Baum
Director of Insurance *mms*

STATE OF ILLINOIS

DEPARTMENT OF INSURANCE



AMENDED CERTIFICATE OF AUTHORITY

Whereas, the Ashmere Insurance Company

(formerly American Fuji Fire and Marine Insurance Company)

located at Chicago, Cook County, in the State of Illinois

has complied with all the requirement of the "Illinois Insurance Code" applicable to
said Company:

NOW, THEREFORE, I, the undersigned, Director of Insurance of the State of
Illinois, do hereby authorize the said Company to transact its appropriate business as
set forth under Clauses(s) _____

(a), (b), (c), (d), (e), (f), (g), (h), (i), (j), (k), (l) of Class 2

(a), (b), (c), (d), (e), (f), (g), (h), (i) of Class 3

of Section 4 of the "Illinois Insurance Code" in this State, in accordance with the laws
thereof.

DEPARTMENT OF INSURANCE of the State of
Illinois;

DATE: 12-6-13


ANDREW BORON
DIRECTOR OF INSURANCE