

P36525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

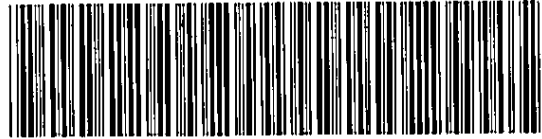
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/15/19--01017--029 **35.00

R WHITE
JUN 27 2019

FILED
2019 MAY 15 PM 12:08
FBI - JEFFERSON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Wellfleet Insurance Company
Name of Corporation

DOCUMENT NUMBER: P36525

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Melisa Jackson, Corporate & Regulatory Counsel

Name of Contact Person

MedPro Group Inc.

Firm/Company

5814 Reed Rd.

Address

Fort Wayne, IN 46835

City/State and Zip Code

Blaise.reisser@princetoninsurance.com

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

For further information concerning this matter, please call:

Melisa Jackson

Name of Contact Person

at (260) 492-4031

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)

P36525

(Document number of corporation (if known))

1. Wellfleet Insurance Company

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

2. Indiana

(Incorporated under laws of)

3. July 2, 1992

(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.

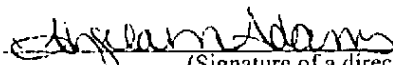
(New duration)

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

Indiana

(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)

Angela Adams

(Typed or printed name of person signing)

Secretary

(Title of person signing)

2019 MAY 15 PM 2:25

STATE OF CALIFORNIA
DEPARTMENT OF INSURANCE
SAN FRANCISCO

Amended
Certificate of Authority

THIS IS TO CERTIFY that, pursuant to the Insurance Code of the State of California,

Commercial Casualty Insurance Company

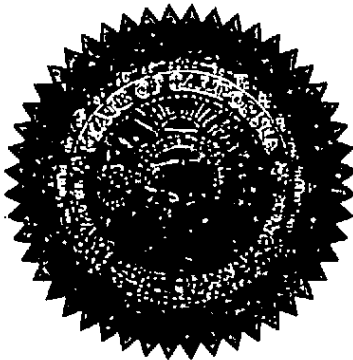
of Indiana, organized under the laws of Indiana, subject to its Articles of Incorporation or other fundamental organizational documents, is hereby authorized to transact within this State, subject to all provisions of this Certificate, the following classes of insurance:

Workers' Compensation

as such classes are now or may hereafter be defined in the Insurance Laws of the State of California.

THIS CERTIFICATE is expressly conditioned upon the holder hereof now and hereafter being 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 California as long as such laws or requirements are in effect and applicable, and as such laws and requirements now are, or may hereafter be changed or amended.

IN WITNESS WHEREOF, effective as of the 20th day of September, 2016, I have set my hand and caused my official seal to be affixed this 20th day of September, 2016.



Dave Jones
Insurance Commissioner

Valerie Sarfaty
for Joel Laucher
Chief Deputy

By

NOTICE:

Qualification with the Secretary of State must be accomplished as required by the California Corporations Code promptly after issuance of this Certificate of Authority. Failure to do so will be a violation of Insurance Code section 701 and will be grounds for revoking this Certificate of Authority pursuant to the covenants made in the application therefor and the conditions contained herein.



STATE OF INDIANA

IDOI

MICHAEL R. PENCE, Governor

Indiana Department of Insurance

311 W. Washington Street, Suite 300

Indianapolis, Indiana 46204-2787

Telephone: (317) 232-2385

Fax: (317) 232-5251

Stephen W. Robertson, Commissioner

September 20, 2016

Brian G. Snover, President
Commercial Casualty Insurance Company
3024 Harney Street
Omaha, NE 68131

Dear Mr. Snover:

I am pleased to inform you that I have approved your company's application for redomestication to the State of Indiana. Enclosed is your Indiana Certificate of Authority. This Certificate is renewable annually; however, the Indiana Department of Insurance will not issue a duplicate Certificate upon renewal.

With this Certificate, your company now has all rights, privileges, and obligations of an Indiana domestic insurance company. I am confident that your company accepts the responsibility of providing high quality insurance coverage to policyholders. I know that you will work diligently toward our common goal of serving the policy-buying public through qualified, well trained employees and agents.

I invite your company to avail itself of any assistance for services provided by the Department. If you have any questions, comments, or concerns, please do not hesitate to contact us. Congratulations, and welcome to Indiana!

Sincerely,

Stephen W. Robertson,
Indiana Insurance Commissioner

ACCREDITED BY THE
NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS

AGENCY SERVICES
(317) 232-2413

COMPANY COMPLIANCE
(317) 232-0697

CONSUMER SERVICES
(317) 232-2395
1-800-622-4461

EXAMINATIONS/FINANCIAL SERVICES
(317) 232-2390

MEDICAL MALPRACTICE
(317) 232-7402

COMPANY RECORDS
(317) 232-5692

STATE HEALTH INSURANCE PROGRAM
1-800-352-4674

Department of Insurance

State of Indiana

OFFICE OF

Insurance Commissioner

CERTIFICATE OF AUTHORITY

Indianapolis, Indiana September 20, 2016

Whereas, the Commercial Casualty Insurance Company an insurance company organized under the laws of Indiana, and located in Fort Wayne, Indiana having complied with all the requirements of the laws regulating Stock Property and Casualty Insurance Companies doing business in the State of Indiana.

Therefore, as Insurance Commissioner of the State of Indiana, by virtue of authority vested in me by law, I do hereby authorize, empower and license the above named company to transact its appropriate business of:

Class II (a)(b)(c)(d)(f)(g)(h)(k-excluding bail bonds)(l)(m)

Class III (a)(b)(c)(d)

through its duly authorized agents in the State of Indiana in accordance with the laws thereof which are applicable to said Company.



IN TESTIMONY WHEREOF I hereunto
subscribe my name and affix the seal of my
office the date written above

A handwritten signature in black ink, reading "Stephen W. Robertson".

Stephen W. Robertson
INSURANCE COMMISSIONER



STATE OF INDIANA

IDOI

MICHAEL R. PENCE, Governor

Indiana Department of Insurance

311 W. Washington Street, Suite 300

Indianapolis, Indiana 46204-2787

Telephone: (317) 232-2385

Fax: (317) 232-5251

Stephen W. Robertson, Commissioner

September 27, 2016

Brian G. Snover, President
Commercial Casualty Insurance Company
3024 Harney Street
Omaha, NE 68131

Dear Mr. Snover:

It was a pleasure working with your team with the recent application. The Department is pleased to welcome your company to Indiana. Please see the contact information below for further information regarding any of the following items from the Department.

Rate & Form Filings: <http://www.in.gov/idoi/2588.htm>

Deposits: <http://www.in.gov/idoi/2443.htm>
Annette Gunter
agunter@idoi.in.gov
317-232-2428
Statutory Deposits
Form 22

Certifications: Certificates of Deposit, By-Laws, Annual Statements,
Annette Gunter Report of Examinations
agunter@idoi.in.gov
317-232-2428

Annual/Quarterly Filings: <http://www.in.gov/idoi/2328.htm>

Company Records: http://www.naic.org/industry_ucaa_corp_amend.htm
Janet Scott
jscott1@idoi.in.gov
317-232-5692
Corporate Amendments
Changes in Lines of Authority
Adding Lines of Business
Corporate Change/Name Change

Again, welcome, and feel free to contact me at 317-232-2408 or cdonovan@idoi.in.gov with any questions or concerns in the future.

Sincerely,

Cynthia D. Donovan
Chief Financial Examiner

ACCREDITED BY THE

NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS

AGENCY SERVICES (317) 232-2413	COMPANY COMPLIANCE (317) 233-6597	CONSUMER SERVICES (317) 232-2395	EXAMINATIONS/FINANCIAL SERVICES (317) 232-2390	MEDICAL MALPRACTICE (317) 232-2402	COMPANY RECORDS (317) 232-5692	STATE HEALTH INSURANCE PROGRAM 1-800-332-4674
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DEPARTMENT OF INSURANCE

Corporate Affairs Bureau

45 Fremont Street, 24th Floor

San Francisco, CA 94105



October 11, 2016

Benjamin Thomas
Commercial Casualty Insurance Company
5814 Reed Road
Fort Wayne, Indiana 46835

SUBJECT: Certificate of Authority - California
Permanent No. 3105-4*
Commercial Casualty Insurance Company

Dear Mr. Thomas:

Transmitted herewith is the amended Certificate of Authority, No. 3105-4 issued and effective September 20, 2016 and superseded Certificate of Authority No.08691. All insurers must contact the Secretary of State at 1500 11th Street, 3rd Floor, Sacramento, CA 95814, in order to obtain a Certificate of Qualification as required by California Corporations Code §2105 before transacting an insurance business in California. Failure to do so will be in violation of Insurance Code §701 and will be grounds for revoking the Certificate of Authority pursuant to the covenants made in the application therefor and the conditions contained therein.

This Certificate of Authority does not permit the writing of any insurance contracts within this State until you are in full compliance with the provisions of Proposition 103 (California Insurance Code §1861 et seq.). It is the licensee's responsibility to obtain prior approval of its rates in accordance with those provisions. The classes of insurance which are exempt from the Proposition 103 rate filing requirements include reinsurance, life, title, marine (certain types), disability, workers' compensation, mortgage and insurance transacted by county mutual life insurers. Proposition 103 rate filing applications must be submitted to the Department of Insurance, Rate Filing Bureau, 45 Fremont Street, San Francisco, CA 94105. Workers compensation, title and certain disability rates are subject to filing or approval under other laws.

California has adopted comprehensive regulations governing claims handling. See Title 10, California Code of Regulations, Section 2695.1 et seq., for insurer duties, which include the training of employees and agents. Additionally, pursuant to Insurance Code Section 1875.20, every insurer admitted to do business in this State shall maintain a Special Investigative Unit ("SIU") to investigate possible fraudulent claims by insureds or by persons making claims for services or repairs against policies held by insureds. Insurers are required to file a written statement with the Department attesting to the existence and maintenance of a SIU within the organization. Failure to comply may

subject insurers to fines and penalties. See California Code of Regulations, Section 2698.40, et. seq.

California insurance regulations may be obtained by calling Barclay's Law Publishers at (800) 888-3600 and ordering a copy of Title 10, Chapter 5, of the California Code of Regulations. California insurance statutes may be obtained by calling West Publishing Company at 1-800-328-9352 and ordering a copy of the California Insurance Code.

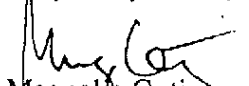
If Life, Disability or Workers' Compensation will be written, see the following:

Disability (including "health"), group life, individual life supplemental benefits, variable life and annuity, credit life, credit disability and workers' compensation insurance policy forms must be approved before use. Individual life policies and individual and group annuities with indeterminate premiums, contributions or values must be filed before use; other individual life policies and individual and group annuities are generally exempt from filing. The procedures for filing policy forms are found in Title 10, California Code of Regulations §§2200 through 2218.10; see §2206 for filing locations. Licensees should become familiar with these regulations before submitting forms for approval.

California-based insurers must also receive approval of all separate account pension, retirement or profit-sharing plans.

For newly licensed domestic insurers who are requested to apply for an NAIC company code, please go to <http://www.naic.org/docs/CmpnyAppFDR.pdf> to use the most current application. This may be updated without notice so please check that website periodically.

Very Truly Yours,


Magnolia Gutierrez
Legal Division
(415) 538-4082

* This is the company's permanent number. It must be used on all correspondence (including "Action Notice") addressed to the Department's License Bureau; otherwise, the computer will reject the notice. Please do not send correspondence to the License Bureau until at least one week after receipt of your Certificate of Authority to allow time for computer processing of the company name.

Enclosure(s)