

P40558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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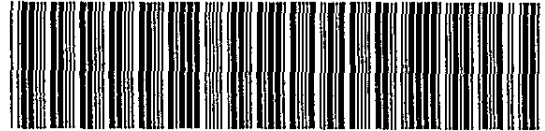
(Business Entity Name)

(Document Number)

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01/13/05--01065--002 **43.75

FILED

05 FEB - 1 PM 4:50

CLERK OF COURT
JALAHASSEE, FLORIDA

Name Change
@ 2/2/05 CUS



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

January 19, 2005

W.L. MCCAGUE
SYNDICATED SERVICE COMPANY, INC.
1155 ELM ST., 6TH FLOOR
MANCHESTER, NH 03101

SUBJECT: THE POTOMAC INSURANCE COMPANY OF ILLINOIS
Ref. Number: P40558

We have received your document for THE POTOMAC INSURANCE COMPANY OF ILLINOIS and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

An original, duly authenticated certificate from the state of incorporation/organization evidencing the amendment, must be submitted with the application. The certificate must have been issued within the past 90 days.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Document Specialist

Letter Number: 405A00003531

TRANSMITTAL LETTER

FILED
05 FEB - 1 PM 4:50
TALLAHASSEE, FLORIDA

TO: Amendment Section
Division of Corporations

SUBJECT: Potomac Insurance Company of Illinois
(Name of corporation)

DOCUMENT NUMBER: P40558

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

W.L. McCague II, VP - General Counsel
(Name of person)

Syndicated Service Company, Inc.
(Name of firm/company)

1155 Elm St., 6th Fl.
(Address)

Manchester, NH 03101
(City/state and zip code)

For further information concerning this matter, please call:

Wm. ("Sandy") McCague at (603) 626-8193
(Name of 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
409 E. Gaines Street
Tallahassee, FL 32399

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)

P40558

(Document number of corporation (if known))

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05 FEB - 1 PM 4:50
TALLAHASSEE, FLORIDA

1. The Polomac Insurance Company of Illinois
(Name of corporation as it appears on the records of the Department of State)
2. Illinois 3. 9/21/1992
(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, when was the change effected under the laws of its jurisdiction of incorporation? 11/23/2004
5. SUA 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)

Courtney C. Smith
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)
Courtney C. Smith
(Typed or printed name of person signing)

1/11/05
(Date)
President and CEO
(Title of person signing)



STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL
AND PROFESSIONAL REGULATION
Division 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 Financial and Professional Regulation, Division of Insurance.

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

Date: JAN 3 2005

A handwritten signature in dark ink, appearing to read "David K. Manna".
Acting Director of Insurance

STATE OF ILLINOIS



AMENDED CERTIFICATE OF AUTHORITY

Department of Financial and Professional Regulation Division of Insurance

Whereas, the SUA Insurance Company

(formerly Potomac Insurance Company of Illinois)

located at County of Cook, 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, to be effective November 23, 2004.

DEPARTMENT OF FINANCIAL AND
PROFESSIONAL REGULATION of the State of
Illinois; FERNANDO E. GRILLO, SECRETARY

DATE November 29, 2004



DIVISION OF INSURANCE

Fernando E. Grillo
FERNANDO E. GRILLO
Acting Director of Insurance