833388

(Re	equestor's Name)		
(Ad	ldress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	· #)	
PICK-UP	MAIT	MAIL	
(Bu	ısiness Entity Nam	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	

Special Instructions to Filing Officer:

RECEIVED
13 OCT 30 PM 2:02
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE FLORIDA

Office Use Only



200251248582

09/06/13--01028--014 **52.50

SECRETARIS OF STATEA

NOV - 4 2013 T. CARTER



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 17, 2013

LORI M. POWERS WHITE MOUNTAINS SOLUTIONS 628 HEBRON AVE., BLDG 2, STE. 106 GLASTONBURY, CT 06033

SUBJECT: AMERICAN GENERAL PROPERTY INSURANCE COMPANY

Ref. Number: 833388

We have received your document for AMERICAN GENERAL PROPERTY INSURANCE COMPANY and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date 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 the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

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) 245-6050.

Tina D Carter Regulatory Specialist

Letter Number: 513A00021811



Lori M. Powers CPCU, ARe

Vice President

t. 860.368.2004

f. 860.368.2010 lori.powers@wtmsolutionsinc.com

October 29, 2013

VIA FEDERAL EXPRESS

Tina D. Carter
Regulatory Specialist
Florida Department of State
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: American General Property Insurance Company Request for Name Change

to Oakwood Insurance Company

Reference Number: 833388 - Letter Number: 513A00021811

Dear Ms. Carter:

Pursuant to your correspondence dated September 17, 2013, enclosed please find the following documents in support of the request to change the name of American General Property Insurance Company to Oakwood Insurance Company:

- 1. Executed Application by Foreign Profit Corporation to File Amendment to Application for Authorization to Transact Business in Florida;
- 2. Copy of your letter dated September 17, 2013;
- 3. Certificate of Similarity issued by the Tennessee Department of Commerce and Insurance, dated October 16, 2013, regarding the copy of the Amendment to the Charter of American General Property Insurance Company changing the name to Oakwood Insurance Company;
- 4. UCAA Certificate of Compliance from the Tennessee Commissioner of Commerce and Insurance:
- 5. Copy of the Tennessee Certificate of Authority for Oakwood Insurance Company; It is my understanding the Department has retained our check (#21248) previously submitted in the amount of \$52.50 representing the filing fees. If this understanding is incorrect, please call me at 860-368-2004 and I will arrange for another check to be issued.

Should you have any questions or require further information, please contact me at your convenience. We look forward to receiving the certified copy of this filing and the certificate status.

Sincerely,

Lori M. Powers, CPCU, ARe

Vice President and Compliance Officer

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) American General Property Insurance Company (Name of corporation as it appears on the records of the Department of State) Tennessee November 11, 1945 (Date authorized to do business in Florida) (Incorporated under laws of) 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? February 26, 2013 Oakwood 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) W. Neal Wasserman President

(Title of person signing)

(Typed or printed name of person signing)



STATE OF TENNESSEE DEPARTMENT OF COMMERCE AND INSURANCE

Insurance Division – Financial Affairs 500 James Robertson Parkway Nashville, TN 37243 615-741-1670

Certificate of Similarity

State of <u>Tennessee</u> Office of <u>Commissioner of Commerce and Insurance</u>

I, <u>Julie Mix McPeak</u>, hereby certify that I am the <u>Commissioner of Commerce and Insurance</u> (position)

of the State of Tennessee and have supervision of insurance business in said State
and the records thereof, and as such I hereby certify that the attached document is a true and correct
copy of the records of this Division [amendment to Articles of Incorporation reflecting Name Change] for

Oakwood Insurance Company (NAIC# 31208) (domicile: TENNESSEE).

IN TESTIMONY WHEREOF, I have hereunto set my hand at <u>Nashville, Tennessee</u> (location)

on this Left day of Oth De A.D. 2013 (month)

(signature)

Julie Mix McPeak (printed name)





STATE OF TENNESSEE Tre Hargett, Secretary of State

Division of Business Services William R. Snodgrass Tower 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

OAKWOOD INSURANCE COMPANY **STE 106 628 HEBRON AVE** GLASTONBURY, CT 06033-5018

February 26, 2013

Filing Acknowledgment

Please review the filing information below and notify our office immediately of any discrepancies.

Control #: 22521

Status:

Active

Filing Type: Corporation For-Profit - Domestic

Document Receipt

Receipt #: 928529

\$20.00

Payment-Check/MO - Sirius International Holding Co., Inc., New York , NY

\$20.00

Amendment Type: Articles of Amendment

Filed Date:

02/26/2013 2:47 PM

Image #: 7155-1316

Filing Fee:

This will acknowledge the filing of the attached articles of amendment with an effective date as indicated above. When corresponding with this office or submitting documents for filing, please refer to the control number given above.

You must also file this document in the office of the Register of Deeds in the county where the entity has its principal office if such principal office is in Tennessee.

Processed By: Kathy Sherrell

Secretary of State

Field Name	Changed From	Changed To
Filing Name	AMERICAN GENERAL PROPERTY INSURANCE COMPANY	OAKWOOD INSURANCE COMPANY
Principal Address 1	AMERICAN GENERAL CEN	628 HEBRON AVE
Principal Address 2	No value	STE 106
Principal City	NASHVILLE	GLASTONBURY
Principal State	TN	CT
Principal Postal Code	37250-0001	06033-5018
Principal County	DAVIDSON COUNTY	No value
Mail Address 1	AMERICAN GENERAL CTR	628 HEBRON AVE
Mail Address 2	No value	STE 106
Mail City	NASHVILLE	GLASTONBURY
Mail State	TN	СТ

Field Name	Changed From	Changed To
Mail Postal Code	37250-0001	06033-5018
Registered Agent #	0017611	0338616
Registered Agent Organization Name	AMERICAN GENERAL PROPERTY INSURANCE COMPANY	CORPORATION SERVICE COMPANY
Registered Agent Physical Address 1	AMERICAN GENERAL CTR	2908 POSTON AVE
Registered Agent Physical Postal Code	37250-0001	37203-1312



Bepartment of State

Corporate Filings
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, TN 37243

ARTICLES OF AMENDMENT TO THE CHARTER (For-Profit)

1.4°

For Office Use Only

FILED

7135, 1316, B2/25/2613,

....

The state of the s

国語の意思ともの

iÇ

Tennessee

必のなける時間に

はいのかか

1

次的口面 节四班

Nashville, TN 37243		
CORPORATE CONTROL NUMBER (IF KNOW	N)000022521	•
PURSUANT TO THE PROVISIONS OF SECTION CORPORATION ACT, THE UNDERSIGNED CONTICLES OF AMENDMENT TO ITS CHARTER:		
1. PLEASE INSERT THE NAME OF THE COR AMERICAN GENERAL PROPERTY INSURANCE	PORATION AS IT APPEARS OF RECO	ORD:
IF CHANGING THE NAME, INSERT THE N	EW NAME ON THE LINE BELOW:	
2. PLEASE MARK THE BLOCK THAT APPLIE	ES:	
AMENDMENT IS TO BE EFFECTIVE WHE AMENDMENT IS TO BE EFFECTIVE, (NOTTOBELATER THAN THE 90TH DAY AFTER THE D.		(MONTH, DAY, YEAR)
THE AMENDMENT WILL BE EFFECTIVE AT THE TIME		
3. PLEASE INSERT ANY CHANGES THAT AP		;
A. PRINCIPALADDRESS: 628 HEBRON AVENUE, SUITE	STREET ADDRESS	
GLASTONBURY CT	*	06033
B. REGISTEREDAGENT Corporation SERVICE COMP	ATE/COUNTY ANY	ZIP CODE
C. REGISTEREDADDRESS: 2908 POSTON AVENUE		· · · · · · · · · · · · · · · · · · ·
NASHVILLET	STREET ADDRESS N 37203 DAV	/IDSON
- CITY ST	ATE ZIP CODE COU	
D. OTHERCHANGES: 4. THE CORPORATION IS FOR PROFIT.		
	· · · · · · · · · · · · · · · · · · ·	***
5. THE MANNER (IF NOT SET FORTH IN THE CHANGE, RECLASSIFICATION, OR CANCE	E AMENDMENT) FOR IMPLEMENTATE ELLATION OF ISSUED SHARES IS AS	TION OF ANY EX- FOLLOWS:
6. THE AMENDMENT WAS DULY ADOPTED BY (Please mark the block that applies):	ON JANUARY 17, 2013	(MONTH , DAY, YEAR)
☐ THE INCORPORATORS WITHOUT SHARE ☐ THE BOARD OF DIRECTORS WITHOUT SH ☑ THE SHAREHOLDERS.	HOLDER ACTION, AS SUCH WAS NO IAREHOLDER APPROVAL, AS SUCH V	OT REQUIRED. WAS NOT REQUIRED.
PRESIDENT AND CEO	1. Aut no	
SIGNER'S CAPACITY	SIGNATURE	
2/00/13	W. NEAL WASSERMAN	CONTRACTOR AND AND ADDRESS OF THE PARTY OF T
DATE	NAME OF SIGNER (TYPED OR PRINTED)	
\$\$-4421 (Rev. 10/01) Fili	ng Fee: \$20,00	⊧RDÁ 1678

CERTIFICATE OF AMENDMENT

TO THE CHARTER

OF

AMERICAN GENERAL PROPERTY INSURANCE COMPANY

Under

Section 48-20-106 of the Business Corporation Law of the State of Tennessee

- 1. The Charter (the "Charter") of the Corporation was filed in the Office of the Commissioner of Commerce and Insurance of the State of Tennessee on September 23, 1974.
- 2. The Amendment to the Charter of the Corporation effected by this Certificate of Amendment is as follows:

Paragraph 1 of the Charter of the Corporation, stating the name of the Corporation, is hereby amended, to change the company's name from

AMERICAN GENERAL PROPERTY INSURANCE COMPANY

to:

OAKWOOD INSURANCE COMPANY

Paragraph 1 of the Charter is hereby amended, to read as follows: The name of the corporation is OAKWOOD INSURANCE COMPANY.

4. The manner in which the foregoing amendments to the Charter of the Corporation were authorized was by unanimous written consent of the directors of the Corporation effective as of January 17, 2013 pursuant to Section 48-20-106 of the Business Corporation Law of the State of Tennessee, which consent was duly signed by all the directors of the Corporation, and the written consent of the sole shareholder of the Corporation Eaw of the State of January 18, 2013, pursuant to Section 48-20-106 of the Business Corporation Law of the State of Tennessee, which consent was duly signed by the sole shareholder of the Corporation.

IN WITNESS WHEREOF, we have signed this Certificate of Amendment on the 18th day, of January 2013, and we confirm the statements contained herein as true under penalty of perjury.

W. Neal Wasserman

President and Chief Executive Officer

Christine H. Repasy

Executive Vice President, General Counsel

and Secretary

APPROVED
This 4 day of 66. 20 13

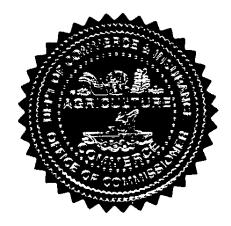
The Department of Commerce and Insurance STATE OF (TENNESSEE

Assistant Commissioner for Insurance

Applicant Name: Oakwood Insurance Company		,	NAIC No. FEIN:	31208 62-0929818	
'Uniform Certificate of Authority Application (UCAA) Certificate of Compliance					

State of Tennessee	Office of Commissioner of Commerce and In	surance
(Domiciliary state of applicant)		er, Superintendent, Officer)
I,Julie Mix McPeak	he	reby certify that I am the*
•		
Commissioner of Commerce and Insuran (position)	ce of the State of Tennessee	
and have supervision of insurance busine	ss in said State and as such I hereby certify that	
Oakwood Insurance Company		
	(name of Insurer)	
	State and is authorized to transact the business of	Property, Casualty, and
Surety	(line of insurance)**	
	insurance in this State.	
IN TESTIMONY WHEREOF, I have her	reunto set my hand at Nashville, Tennessee	
. (19	(10	cation)
on this day of _	May	, A.D. <u>2013</u>
Partie Mr. 4/1 D	(month)	
(signature)	Julie Mix McPeak	inted name)

- * Insurance Commissioner, Officer or Superintendent of Insurance authorized to certify to the insurance business within the domiciliary state.
- ** Lines of Insurance as shown on Form 3 of UCAA



STATE OF TENNESSEE



THE DEPARTMENT OF COMMERCE AND INSURANCE

DIVISION OF INSURANCE

Whereas, Oakwood Insurance Company (NAIC #31208), a corporation organized under the laws of the state of <u>Tennessee</u> and having complied with such of the requirements of the Insurance laws of Tennessee as are applicable to the said corporation in order to enable it to transact business herein; therefore, I, Commissioner of Commerce and Insurance, do hereby license and authorize the said <u>Oakwood Insurance Company</u> subject to all the requirements and conditions of the laws to transact the business of <u>Casualty; Property; Surety</u> in the State of Tennessee, from October 7, 1974, until suspended or revoked.



In witness whereof, I have hereunto set my hand and caused the seal of my office to be affixed, at City of Nashville. In the State of Tennessee, this day of

Julie Mix McPeak

Commissioner

Department of Commerce and Insurance