

835058

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OCT 19 2016
I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Metromile Insurance Company
Name of Corporation

DOCUMENT NUMBER: 835058

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephanie Duchene
Name of Contact Person

Dentons US LLP
Firm/Company

601 S. Figueroa Street, Suite 2500
Address

Los Angeles, CA 90017-5704
City/State and Zip Code

stephanie.duchene@dentons.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephanie Duchene at (213) 892-2909
Name of Contact 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

16 OCT 19 PM 12:07

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

October 12, 2016

STEPHANIE DUCHENE
DENTONS US LLP
601 S. FIGUEROA STREET - STE. 2500
LOS ANGELES, CA 90017-5704

SUBJECT: MOSAIC INSURANCE COMPANY
Ref. Number: 835058

We have received your document for MOSAIC 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.

Irene Albritton
Regulatory Specialist II

Letter Number: 316A00021963

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)

835058

(Document number of corporation (if known))

2016 OCT 19 PM 4:28
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Mosaic Insurance Company
(Name of corporation as it appears on the records of the Department of State)
2. Delaware (Incorporated under laws of) 3. February 8, 1977 (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? August 18, 2016
5. Metromile 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)
N/A
(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.
N/A
(New duration)
7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.
N/A
(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)

John Orna Secretary
(Typed or printed name of person signing) (Title of person signing)

State of Delaware
Department of Insurance

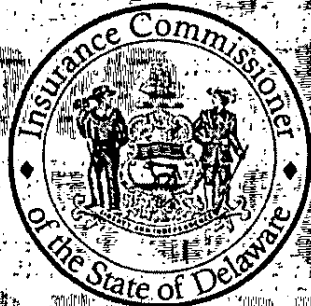
CERTIFIED CHARTER DOCUMENTS

NAIC Number: 16187

I, Karen Weldin Stewart, Insurance Commissioner of the State of Delaware, do hereby certify that the attached Amended and Restated Certificate of Incorporation of

METROMILE INSURANCE COMPANY
F/K/A MOSAIC INSURANCE COMPANY

is a true and correct copy of the document on file with this Department.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of this Department at the City of Dover, this 7th day of September, 2016.

Karen Weldin Stewart, CIR-ML
Insurance Commissioner

Delaware

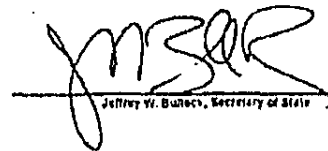
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "MOAIC INSURANCE COMPANY", CHANGING ITS NAME FROM "MOAIC INSURANCE COMPANY" TO "METROMILE INSURANCE COMPANY", FILED IN THIS OFFICE ON THE EIGHTEENTH DAY OF AUGUST, A.D. 2016, AT 1:07 O'CLOCK P.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE NEW CASTLE COUNTY RECORDER OF DEEDS.




Jeffrey W. Bullock, Secretary of State

773891 8100
SR# 20165420847

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202850378
Date: 08-18-16

**CERTIFICATE OF AMENDMENT OF CERTIFICATE OF INCORPORATION
OF
MOSAIC INSURANCE COMPANY**

It is hereby certified that:


1. The name of the corporation (hereinafter called the "Corporation") is Mosaic Insurance Company.

2. The Certificate of Incorporation of the Corporation is hereby amended by striking out Article First thereof and by substituting in lieu of said Article First the following new Article First:

"The name of the corporation is Metromile Insurance Company (the "Corporation")."

3. The amendment of the Certificate of Incorporation herein certified has been duly adopted and written consent has been given in accordance with the provisions of Sections 228 and 242 of the General Corporation Law of the State of Delaware.

IN WITNESS WHEREOF, said Corporation has caused this certificate to be signed this 18th day of August, 2016.

By: 
 Name: JOHN OKITA
 Title: SECRETARY

(1000927000991008213119V.1)

State of Delaware
 Secretary of State
 Division of Corporations
 Dated: 01:07 PM 08 18 2016
 FILED 01:07 PM 08 18 2016
 SR 20165420847 - File Number 773891