

850269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

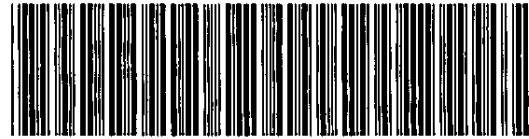
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08/21/14--01018--009 \*\*43.75

14 AUG 21 AM 9:58  
STATE OF ARIZONA  
DIVISION OF CORPORATIONS

C. LEWIS  
Sept 8, 2014  
EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Harbor Specialty Insurance Company  
Name of Corporation

**DOCUMENT NUMBER:** 850269

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jason Teret

Name of Contact Person

American Property Insurance Company

Firm/Company

36 Corbett Way

Address

Eatontown, New Jersey 07724

City/State and Zip Code

jason.teret@api-nj.com

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

For further information concerning this matter, please call:

Jason Teret

Name of Contact Person

at ( 848 ) 208-2000

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

August 27, 2014

JASON TERET / AMERICAN PROPERTY INSURANCE COMPANY  
36 CORBETT WAY  
EATONTOWN, NJ 07724 US

SUBJECT: HARBOR SPECIALTY INSURANCE COMPANY  
Ref. Number: 850269

We have received your document for HARBOR SPECIALTY INSURANCE COMPANY and your check(s) totaling \$43.75. 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.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 514A00018381

**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.)

RECEIVED  
SECRETARY OF COMMERCE  
14 AUG 21 AM 9:58

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

850269  
(Document number of corporation (if known))

1. Harbor Special Insurance Company  
(Name of corporation as it appears on the records of the Department of State)
2. New Jersey (Incorporated under laws of)      3. September 3, 1981 (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? April 21, 2014

5. American Property 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.

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)  
**Jason Teret**  
(Typed or printed name of person signing)

\_\_\_\_\_  
**Treasurer**  
(Title of person signing)



## State of New Jersey

DEPARTMENT OF BANKING AND INSURANCE

OFFICE OF SOLVENCY REGULATION

PO BOX 325

TRENTON, NJ 08625-0325

TEL (609) 292-5350

FAX (609) 292-6765

CHRIS CHRISTIE  
*Governor*

KIM GUADAGNO  
*Lt. Governor*

KENNETH E. KOBYLOWSKI  
*Commissioner*

## CERTIFICATE OF COMPLIANCE

August 19, 2014

I, **Kenneth E. Kobylowski**, Commissioner of Banking and Insurance of the State of New Jersey, do hereby certify, depose and say that:

1. The **AMERICAN PROPERTY INSURANCE COMPANY** is a Corporation redomesticated to the State of New Jersey on September 8, 1995 in accordance with the provisions of Chapter 189 of the Laws of 1994 of the State of New Jersey and shall be a continuation of the corporate existence of the corporation heretofore domiciled in the State of Georgia and originally incorporated in that State under the name of First of Georgia Insurance Company on July 2, 1981; Company was acquired and changed name from Harbor Specialty Insurance Company to American Property Insurance Company on March 7, 2014.
2. The home office of said Company is located at 36 Corbett Way, Eatontown, New Jersey 07724 and the name of the agent therein and in charge thereof upon whom process may be served against said Corporation is Jason A. Teret;
3. Said Company is presently authorized to transact in New Jersey the kinds of insurance specified in paragraphs "a", "b", "e", "f", "i", "j", "k", "l", "m", "n", and "o" of N.J.S.A. 17:17-1 et seq., certified copies of the relevant sections of the statutes are attached for your information. The Company's authority granted under paragraph "o" of said statutes is further delineated in its Certificate of Authority as follows:

**AGAINST** all loss to buildings and structures, including consequential loss; and against loss or damage to property of others caused by an insured;

**AGAINST** the perils of radioactive contamination and all other perils causing physical loss to nuclear energy installations and facilities including consequential loss;

**LOSS** or damage to property by epidemic;

**AGAINST** loss or damage to property by power failure or mechanical breakdown;

**INSURANCE** against loss or damage to property or any insurable interest therein caused by insects or by radiation resulting from atomic fission;

**ENGINE** breakdown;

**LOSS** or damage to property of the assured caused by falling of tanks or equipment for protecting property against fire, by explosion other than steam boilers, pipes, engines, motor, and machinery connected therewith (except fire);

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LOSS resulting from the right to participate in associations or pools, such as NEPIA and NELIA, which associations or pools are authorized to write " All Risk" insurance involving Nuclear Fuel Exposures;

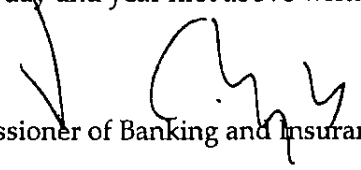
ECONOMIC Security; and

ALL other liability not covered under paragraph "e", including voluntarily assumed liability;

4. Said Company is in good standing and having complied all the requirements of the New Jersey Statutes is authorized to transact the business of insurance in the State of New Jersey in accordance with all the provisions of its charter and the laws of this State as provided in its currently effective Amended Certificate of Authority issued by this Department;
5. As reported in its sworn Annual Statement for the year ended December 31, 2013, the Company had a Common Capital Paid Up of \$4,100,000, Gross Paid In and Contributed Surplus of \$16,250,000, an Unassigned Funds (Surplus) of \$12,603,223 or a total Surplus as Regards Policyholders of \$32,953,223.

I further certify that the **AMERICAN PROPERTY INSURANCE COMPANY** is not precluded by its charter or the laws of this State from engaging in the classes of business stated above in states other than New Jersey, upon compliance with the laws of such other states.

IN WITNESS WHEREOF, I have hereunto set my hand  
and affixed my official Seal, at Trenton,  
the day and year first above written.

  
Commissioner of Banking and Insurance