

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM871310

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Metropolitan Property And Casualty Insurance Company		04/29/2021	Corporation: RHODE ISLAND
RECEIVING PARTY DATA			
Name:	Farmers Property And Casualty Insurance Company		
Street Address:	450 Veterans Memorial Parkway		
Internal Address:	Suite 7A		
City:	East Providence		
State/Country:	NEW YORK		
Postal Code:	02914		
Entity Type:	Corporation: RHODE ISLAND		
PROPERTY NUMBERS Total: 3			
Property Type	Number	Word Mark	
Registration Number:	2958703	GRANDPROTECT	
Registration Number:	2879727	EXPRESSIT	
Registration Number:	2808867	PAK II	
CORRESPONDENCE DATA			
Fax Number:			
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i>			
Email:	kathryn.hoo@nortonrosefulbright.com		
Correspondent Name:	Kathryn Hoo		
Address Line 1:	2200 Ross Ave		
Address Line 2:	#3600		
Address Line 4:	Dallas, TEXAS 75201		
ATTORNEY DOCKET NUMBER:	1001211955		
NAME OF SUBMITTER:	Kathryn Hoo		
SIGNATURE:	/Kathryn Hoo/		
DATE SIGNED:	01/25/2024		
Total Attachments: 3			
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April 27, 2021



State of Rhode Island
Department of State - Business Services Division

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2021 APR 29 P 1:12

Articles of Amendment

DOMESTIC Business Corporation

→ Filing Fee: \$50.00 (\$210 for an increase in authorized shares)

Pursuant to the provisions of RIGL 7-1.2-905, the undersigned corporation adopts the following Articles of Amendment to its Articles of Incorporation:

1. Entity ID Number 000083041	2. The name of the corporation is: Metropolitan Property and Casualty Insurance Company												
3. The shareholders of the corporation (or, where no shares have been issued by the board of directors of the corporation) in the manner prescribed by RIGL <u>7-1.2</u> April 8, 2021 adopted the following amendment(s) to the Articles of Incorporation on:													
4. If the entity's name is changing, state the new name: Farmers Property and Casualty Insurance Company Check the box to indicate no change <input type="checkbox"/>													
5. If the total authorized shares are changing complete the following section: *List ALL authorized shares as of this amendment. <table border="1"> <thead> <tr> <th>Total Authorized Shares (Number of Shares)</th> <th>Class of Stock</th> <th>Par Value Per Share</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> Check the box to indicate no change <input checked="" type="checkbox"/>		Total Authorized Shares (Number of Shares)	Class of Stock	Par Value Per Share									
Total Authorized Shares (Number of Shares)	Class of Stock	Par Value Per Share											
6. If the period of its duration is changing complete the following section: CHECK ONE BOX ONLY <input type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____ Check the box to indicate no change <input checked="" type="checkbox"/>													
7. If the entity's purpose is changing complete the following section: *The new purpose should include ALL activity to be transacted in the State of Rhode Island. Check the box to indicate an attachment <input type="checkbox"/> Check the box to indicate no change <input checked="" type="checkbox"/>													

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

APR 29 2021

BY [Signature]

FORM 101 - Revised 08/2020

TRADEMARK
REEL: 008327 FRAME: 0971

8. If adding or amending additional provisions, complete the following section:

Check the box to indicate an attachment

Check the box to indicate no change

9. As required by RIGL 7-1.2-105, the entity has paid all fees and taxes.

10. Date when these Articles of Amendment will be effective: **CHECK ONE BOX ONLY**

Date received (Upon filing)

Later effective date (Date must be no more than 90 days from the date of filing) _____

Under penalty of perjury, I declare and affirm that I have examined these Articles of Amendment, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of Authorized Officer of the Corporation

Date

J. Nicole Pryor, Secretary

April 8, 2021

Signature of Authorized Officer of the Corporation

DocuSigned by:

Jennifer Nicole Pryor

311XCH01-908104-11



State of Rhode Island
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

April 29, 2021 01:12 PM

A handwritten signature in black ink, appearing to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

