830530

(R	equestor's Name)		
(A	ddress)		
	ddress)		
(C	ity/State/Zip/Phone #)		
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(Document Number)			
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COVER LETTER

TO: Amendment Section Division of Corporations	
Fairmont Specialty Insurance Mar	
Nai	me of Corporation
DOCUMENT NUMBER: 830530	
The enclosed Amendment and fee are sul	bmitted for filing.
Please return all correspondence concern	ing this matter to the following:
Christine Frisby	
Name of Contact Person	
Crum & Forster	
Firm/Company	
11490 Westheimer Road, Suite 300	
Address	
Houston, Texas 77077	
City/State and Zip Code	.
christine.frisby@fairmontspecialty.com	
E-mail address: (to be used for future a	nnual report notification)
For further information concerning this n	natter, please call:
Christine Frisby	at (713 954-8300 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following am	ount:
\$35.00 Filing Fee \$43.75 Filing Fe Certificate of St	\$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:	Street Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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)

830530		
(Document num	ber of corporation (if known)	
1. Fairmont Specialty Insurance Managers, Inc.		
(Name of corporation as it appear	ars on the records of the Department of Sta	ie)
2. Texas	3. (Date authorized to do	
(Incorporated under laws of)	(Date authorized to do	business in Florida)
	ECTION II LY THE APPLICABLE CHANGES)	
4. If the amendment changes the name of the corpora	ation, when was the change effected	under the laws of
its jurisdiction of incorporation? 05/31/2016		
5. Crum & Forster Insurance Brokers, Inc.		
(Name of corporation after the amendment, adding appropriate abbreviation, if not contained in new (If new name is unavailable in Florida, enter alternation).	name of the corporation)	
business in Florida) 6. If the amendment changes the period of duration, i	indicate new period of duration.	
	New duration)	April on the
7. If the amendment changes the jurisdiction of incor	poration, indicate new jurisdiction.	D E
8. Attached is a certificate or document of similar im 90 days prior to delivery of the application to the I having custody of corporate records in the jurisdic	port, evidencing the amendment, au Department of State, by the Secretar	ithenticated not more than y of State or other official
(Signature of a director, p	oresident or other officer - if in the hands art appointed fiduciary, by that fiduciary)	
Sonia Scala	Assistant Secretary	
(Typed or printed name of person signing)	(Title of person	signing)

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



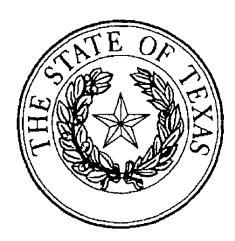
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that on May 04, 2016, Fairmont Specialty Insurance Managers, Inc., a Domestic For-Profit Corporation (file number 17346700), changed its name to Crum & Forster Insurance Brokers, Inc..

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 20, 2016.



Carlos H. Cascos

Secretary of State

.' Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

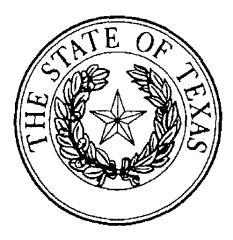
The undersigned, as Secretary of State of Texas, does hereby certify that the attached is a true and correct copy of each document on file in this office as described below:

Crum & Forster Insurance Brokers, Inc. Filing Number: 17346700

Certificate of Amendment

May 04, 2016

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 20, 2016.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Carlos H. Cascos Secretary of State

TID: 10266

3-5709 Dial: 7-1-1 for Relay Services 56 Document: 676382790002 Form 424

Secretary of State P.O. Box 13697 Austin, TX 78711-3697 FAX: 512/463-5709



Filed in the Office of the Secretary of State of Texas Filing #: 17346700 05/04/2016 Document #: 669162240002 mage Generated Electronically for Web Filing

Filing Fee: See instructions	Certificate of Amendment	Document #: 669162240002 Image Generated Electronically for Web Filing
<u> </u>	Entity Information	
The filing entity is a: Domestic F	or-Profit Corporation	
The name of the filing entity is: Fa	airmont Specialty Insurance Ma	nagers, Inc.
The file number issued to the filing	entity by the secretary of state is: 1734	<u>16700</u>
	Amendment to Name	
The amendment changes the formal entity. The article or provision is an	ation document of the filing entity to cha nended to read as follows:	inge the article or provision that names the
The name of the filing entity is:	<u></u>	<u></u>
Crum & Forster Insurance E	3rokers, Inc.	
A letter of consent, if applicable, is	attached.	
	Statement of Approval	
The amendment has been approve governing documents of the entity.	d in the manner required by the Texas E	Business Organizations Code and by the
	Effectiveness of Filing	
□A. This document becomes effec	tive when the document is filed by the s	secretary of state.
	dive at a later date, which is not more the delayed effective date is: May 9, 2010	
	Execution	· · · · · · · · · · · · · · · · · · ·
The undersigned signs this docume or fraudulent instrument and declare Business Organizations Code to ex	ent subject to the penalties imposed by I es under penalty of perjury that the under	law for the submission of a materially false a ersigned is authorized under the Texas
Date: <u>May 4, 2016</u>	Christine A Fris	<u>sby</u>
	Signature of authorized	Daman

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