



COLONIAL INSURANCE COMPANY OF CALIFORNIA
A member of the
NATIONWIDE INSURANCE ENTERPRISE

844658

October 1, 1997

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

500002313405--4
-10/07/97--01007--009
*****96.25 *****96.25

Re: Request for Certificate of Status

To Whom It May Concern:

Enclosed is the completed Articles of Amendment to Articles of Incorporation form and the fees required in order to request a Certificate of Status as required for our redomestication and name change filing with the Florida Department of Insurance. The Articles of Incorporation are being filed to show the amended name change of Colonial Insurance Company of California to Colonial Insurance Company of Wisconsin. The redomestication has been approved by California and Wisconsin and became effective July 15, 1997.

For your records, the new home office address is: Colonial Insurance Company of Wisconsin
2000 Westwood Drive
Wausau, WI 54402-8017

and the mailing address is: Colonial Insurance Company of Wisconsin
P.O. Box 182109
Columbus, OH 43218-2109

The FEIN did not change and is 95-0639970. The NAIC company number is 10723 and the NAIC group number is 140.

A stamped self addressed envelope has been enclosed for your convenience in returning the Certificate of Status. If you have any questions, please contact either Stacy Schumacher at 614-249-9480, or Mark Saeger at 614-249-6119.

Sincerely,

Stacy Schumacher
Stacy Schumacher
Product Compliance Specialist

Enclosures

APPROVED
AND
FILED
97 OCT 27 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WS
10-27
844658
NO

6
cut copy
cut of sta



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

October 13, 1997

COLONIAL INSURANCE COMPANY OF WISCONSIN
% STACY SCHUMACHER
P.O. BOX 182109
COLUMBUS, OH 43218-2109

SUBJECT: COLONIAL INSURANCE COMPANY OF CALIFORNIA
Ref. Number: 844658

We have received your document for COLONIAL INSURANCE COMPANY OF CALIFORNIA and your check(s) totaling \$96.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

A foreign corporation which has changed its name, duration, jurisdiction, or purpose (nonprofit corporation only), should file an amended application in this office within 30 days after the occurrence of any such change. The form should be accompanied by an original certificate from the domicile state issued within the past 90 days evidencing the change and a filing fee of \$35.

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) 487-6916.

Carol Mustain
Corporate Specialist

Letter Number: 597A00049954

~~1~~ 2 Plain Cert
Stating name change

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)

1. Colonial Insurance Company of California
Name of corporation as it appears on the records of the Department of State.

2. California 3. 11-20-79
Incorporated under laws of 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? 7-15-97

5. Colonial Insurance Company of Wisconsin
Name of corporation after the amendment, adding suffix "corporation" "company" or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation.

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.

Wisconsin
New Jurisdiction

Dennis W. Click
Signature

10-16-97
Date

Dennis W. Click
Typed or printed name

Vice-President and Asst. Secy.
Title

97 OCT 27 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
APPROVED
AND
FILED



State of Wisconsin

Office of the Commissioner of Insurance

P.O. Box 7873

Madison, Wisconsin 53707-7873

CERTIFICATION OF THE AUTHENTICITY OF COPY OF DOCUMENT ON FILE

The Commissioner of Insurance of the State of Wisconsin certifies that the attached copy of

CERTIFICATE OF AUTHORITY

for **COLONIAL INSURANCE COMPANY OF WISCONSIN**

is a true and correct copy of the original now on file with the Office of the Commissioner of Insurance.

Dated at Madison, Wisconsin, this 21st day of August, 1997

Josephine W. Tussler
Commissioner of Insurance

AMENDED AND RESTATED
ARTICLES OF INCORPORATION
OF
COLONIAL INSURANCE COMPANY OF CALIFORNIA,
a California insurance corporation

FIRST: The name of this corporation shall be:

COLONIAL INSURANCE COMPANY OF WISCONSIN

SECOND: The purpose of the corporation is to engage in any lawful act or activity for which a corporation may be organized under the Business Corporation Law of Wisconsin other than the banking business, the trust company business or the practice of a profession permitted to be incorporated by the Wisconsin Business Corporation Law.

THIRD: The number of common shares authorized is Two Thousand (2,000) shares. All such common shares to have a par value of Two Thousand Dollars (\$2,000.00) per share, for an aggregate par value of Four Million Dollars (\$4,000,000.00). Upon the effective date hereof each outstanding share of common stock with a par value of One Thousand Dollars (\$1,000.00) per share is hereby reclassified and reconstituted as one share of common stock with a par value of Two Thousand Dollars (\$2,000.00) per share.

FOURTH: The corporation elects to be governed by all of the provisions of the Wisconsin Business Corporation Law.

Amended effective July 15, 1997



Certificate of Authority State of Wisconsin

Office of the Commissioner of Insurance
P.O. Box 7873
Madison, Wisconsin 53707-7873

Certificate No. 00011904

Date Issued: 07-15-1997

License Chapter: 618 Wis. Stat.

This Is To Certify, That pursuant to the Insurance Laws of the state of Wisconsin,

Colonial Insurance Company of Wisconsin
Wisconsin

has paid the fees and taxes required by law and that it is hereby authorized to transact the business of:

(2) (E) Automobile and aircraft insurance

subject to the following limitations:

None

in the state of Wisconsin as long as the insurer continues to conform to the authority granted by this certificate, is in full compliance with all, and not in violation of any, of the the applicable laws and lawful requirements made under authority of the laws of the state of Wisconsin.

Josephine W. Tussler
Commissioner of Insurance