

F110000002303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

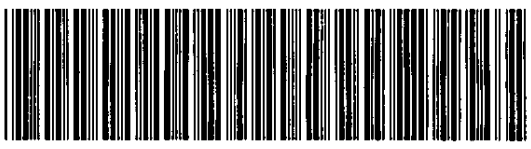
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



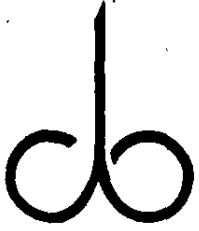
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AUG 18 2014

R. WHITE



Central Licensing Bureau, Inc.

1501 NORTH UNIVERSITY
SUITE 550
LITTLE ROCK, ARKANSAS 72207-5271
www.centrallicensingbureau.com
(501) 664-8044
FAX - (501) 664-6182

BILL WOODYARD
President

August 7, 2014

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

Dear Sir/Madam:

Enclosed please find the necessary documents to amend the certificate of authority of **Inspro Corporation (F11000002303)** to reflect the entity name change to **HCC Casualty Insurance Services, Inc.** effective 07/15/2014. The corporation will continue to be in the business of insurance functioning as a non-resident insurance agency.

I trust this letter and the enclosed document and fee will place this filing in compliance with your state statutes. **The state of California no longer provides Certificates of Fact**, but I have included a certified copy of the name change amendment for your review. If any further action is required, please do not hesitate to contact me.

Sincerely,

Brenda Anthony
Corporate Qualification Division

/bsa

Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Inspro Corporation
Name of Corporation

DOCUMENT NUMBER: F11000002303

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brenda Anthony
Name of Contact Person

Central Licensing Bureau
Firm/Company

1501 N University, Suite 550
Address

Little Rock, AR 72207
City/State and Zip Code

dgreen@hcc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brenda Anthony at (501) 664-8044
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

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)

F11000002303

(Document number of corporation (if known))

1. Inspro Corporation
(Name of corporation as it appears on the records of the Department of State)

2. California 3. 06/01/2011
(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? _____

5. HCC Casualty Insurance Services, Inc.
(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)

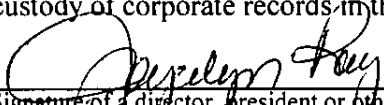
6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(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)

Joyce Lynn Kay
(Typed or printed name of person signing)

Vice President
(Title of person signing)

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

HCC CASUALTY INSURANCE SERVICES, INC.

FILE NUMBER: C1124169
FORMATION DATE: 09/28/1982
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of July 24, 2014.

Debra Bowen

DEBRA BOWEN
Secretary of State

State of California
Secretary of State

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DEBRA BOWEN
Secretary of State