M01000000593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CT CORPORATION

August 24, 2005

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05 AUG 24 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Department of State, Florida
409 East Gaines Street
Tallahassee FL 32399

Re: Order #: 6430525 SO
Customer Reference 1:
Customer Reference 2: 214 756-7058

Dear Department of State, Florida:

Please obtain the following:

The Solutions Group Insurance Agency LLC (DE)
New Name: New Name: Benfield Corporate Risk LLC
Evidence of Amendment
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan
Manager Fulfill Ctr
Connie_Bryan@cch-lis.com

1203 Governors Square Boulevard
Tallahassee, FL 32301-2960
Tel. 850 222 1092
Fax 850 222 7615

A WoltersKluwer Company

FILED
05 AUG 24 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: THE SOLUTIONS GROUP INSURANCE AGENCY LLC

2. Jurisdiction of its organization: Delaware

3. Date authorized to do business in Florida: 03/19/2001

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? 08/12/2005

5. New name of the limited liability company:
Benfield Corporate Risk LLC

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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment corrects any false statement, indicate the statement being corrected and the correction:

9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Thomas W. Kenyon 8/15/2005
Signature of a member or the authorized representative of a member

Thomas W. Kenyon, Asst. Secy of Benfield Inc.
Typed or printed name of signee

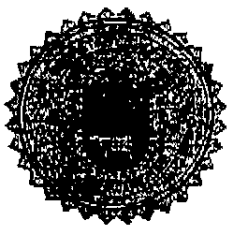
Filing Fee: $25.00

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "THE SOLUTIONS GROUP INSURANCE AGENCY LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "BENFIELD CORPORATE RISK LLC", THE TWELFTH DAY OF AUGUST, A.D. 2005, AT 2:23 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 4089879

DATE: 08-12-05