

P40558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

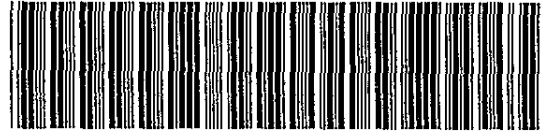
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STATE
TALLAHASSEE, FLORIDA

05 FEB - 1 PM 4: 50

FILED



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

January 19, 2005

W.L. MCCAGUE
SYNDICATED SERVICE COMPANY, INC.
1155 ELM ST., 6TH FLOOR
MANCHESTER, NH 03101

SUBJECT: THE POTOMAC INSURANCE COMPANY OF ILLINOIS
Ref. Number: P40558

We have received your document for THE POTOMAC INSURANCE COMPANY OF ILLINOIS and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

An original, duly authenticated certificate from the state of incorporation/organization evidencing the amendment, must be submitted with the application. The certificate must have been issued within the past 90 days.

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) 245-6964.

Irene Albritton
Document Specialist

Letter Number: 405A00003531

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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Potomac Insurance Company of Illinois
(Name of corporation)

DOCUMENT NUMBER: P40558

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

W. L. McCague II, VP - General Counsel
(Name of person)

Syndicated Service Company, Inc.
(Name of firm/company)

1155 Elm St., 6th Fl.
(Address)

Manchester, NH 03101
(City/state and zip code)

For further information concerning this matter, please call:

Wm. ("Sandy") McCague at (603) 626-8193
(Name of 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
409 E. Gaines Street
Tallahassee, FL 32399



STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL
AND PROFESSIONAL REGULATION
Division of Insurance


320 West Washington Street
Springfield, Illinois 62767-0001



I, the undersigned, Director of Insurance of the State of Illinois, hereby certify that the document to which this Certification is attached is a true and correct copy of the original now on file in and forming a part of the records of the Illinois Department of Financial and Professional Regulation, Division of Insurance.

In witness whereof, I hereto set my hand and cause to be affixed this Seal in Springfield, Illinois.

Date: JAN 3 2005


Acting Director of Insurance

STATE OF ILLINOIS



AMENDED CERTIFICATE OF AUTHORITY

Department of Financial and Professional Regulation Division of Insurance

Whereas, the SUA Insurance Company

(formerly Potomac Insurance Company of Illinois)

located at County of Cook, in the State of Illinois

has complied with all the requirements of the "Illinois Insurance Code" applicable to said Company:

NOW, THEREFORE, I, the undersigned, Director of Insurance of the State of Illinois, do hereby authorize the said Company to transact its appropriate business as set forth under Clauses(s) _____

(a), (b), (c), (d), (e), (f), (g), (h), (i), (j), (k), (l) of Class 2

(a), (b), (c), (d), (e), (f), (g), (h), (i) of Class 3

of Section 4 of the "Illinois Insurance Code" in this State, in accordance with the laws thereof, to be effective November 23, 2004.

DEPARTMENT OF FINANCIAL AND
PROFESSIONAL REGULATION of the State of
Illinois; FERNANDO E. GRILLO, SECRETARY

DATE November 29, 2004



DIVISION OF INSURANCE

Ferdre K. Manna
FERDRE K. MANNA
Acting Director of Insurance