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(Address)	—		
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COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	ECT: <u>Útain Insurance Comp</u>	any Cranbrook Insurance Companion Corporation
DOC	UMENT NUMBER:	
The er	nclosed Amendment and fee are submi	itted for filing.
Please	return all correspondence concerning	this matter to the following:
ma	Name of Contact Person	
<u>CHC</u>	IN INSUI ance Company Firm/Company	1
308	533 MOGHNWESTEIN HW Address	9
Farr	MINGTON HILLS MI 48 City/State and Zip Code	334
<u>ma</u> E	Inchery up Alum Ins. Cmail address: (40 be used for future annu	al report notification)
For fu	rther information concerning this matt	ter, please call:
Mar	Name of Contact Person	at (246) 539-6005 Area Code & Daytime Telephone Number
Enclo	sed is a check for the following amour	nt:
	\$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)
Amen Divisi P.O. I	ng Address: dment Section on of Corporations Box 6327 hassee, 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)
(1-3 MUST BE COMPLETED) (Document number of corporation (if known) 1. Cranbroov Insurance Comparison as it appears on the records of the Department of State)
1. Cranbrook Insurance Company (Name of corporation as it appears on the records of the Department of State)
2. Texas (Incorporated under laws of) 3. (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? Texas
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)
Marilyn Heckel Secretary (Title of person signing)



Texas Department of Insurance

Financial, Company Licensing & Registration, Mail Code 305-2C 333 Guadalupe • P. O. Box 149104, Austin, Texas 78714-9104 512-322-3507 telephone • 512-322-3550 fax • www.tdi.state.tx.us

September 30, 2011

Mr. Augustine O. Igwe Kaufman, Payton & Chapa Attorneys and Counselors at Law 200 Kaufman Financial Center 30833 Northwestern Highway Farmington Hills, Michigan 48334-2551

RE: ATAIN INSURANCE COMPANY

Dear Mr. Igwe:

We are enclosing the amended Certificate of Authority issued to the captioned Company along with a copy of the Commissioner's Order pertaining thereto.

If you would like a certified copy of the amendment, please notify Marisel Saucedo at (512) 322-4370 and she will take your order and notify you of the charges.

The amendment and supporting documents have been filed in the permanent records of this office.

If we may be of further service to you, please let us know.

Very truly yours,

Susan French

Team Coordinator

Company Licensing & Registration, MC 305-2C

Enclosures

No. 11-0778

OFFICIAL ORDER

of the

COMMISSIONER OF INSURANCE

of the

STATE OF TEXAS

AUSTIN, TEXAS

Date: SEP 2 8 2011

Subject Considered:

CRANBROOK INSURANCE COMPANY Arlington, Texas TDI No. 07-05811

AMENDMENT TO THE ARTICLES OF INCORPORATION AND CERTIFICATE OF AUTHORITY

General remarks and official action taken:

On this day the Commissioner of Insurance considered the application of CRANBROOK INSURANCE COMPANY, Arlington, Texas, for approval of an amendment to the Articles of Incorporation changing its name from CRANBROOK INSURANCE COMPANY to ATAIN INSURANCE COMPANY and for a Certificate of Authority evidencing such change. Since the amendment to the Articles of Incorporation involves only a change of name, a hearing is not required by law.

Action by Cranbrook Insurance Company as required and permitted by TEX. INS. CODE §§801.051 - 801.053 and §822.155, has been evidenced to the Commissioner of Insurance. The amendment is properly supported by the required documents, which evidence that the name Atain Insurance Company is not so similar to that of any other insurance company as to be likely to mislead the public.

Based upon the evidence submitted, it is hereby ORDERED by the Commissioner of Insurance, that such amendment be, and the same is hereby approved. It is further ORDERED that Certificate of Authority No. 14723, dated January 2, 2009, issued to CRANBROOK INSURANCE COMPANY, Arlington, Texas, should be, and is hereby canceled, and that a Certificate of Authority be issued concurrently to ATAIN INSURANCE COMPANY, Arlington, Texas.

ELEANOR KITZMAN

COMMISSIONER OF INSURANCE

Godwin Ohaechesi, Director

Company Licensing & Registration Commissioner's Order No. 10-1106

11-0778

COMMISSIONER'S ORDER CRANBROOK INSURANCE COMPANY PAGE 2 of 2

Recommended by:

Tara Mitchell, Insurance Specialist Company Licensing & Registration

Reviewed by:

Jane Jaluas for Rachel Flane

Bachel Giani, Chief

Financial Counsel Section

Legal & Regulatory Affairs Division

Texas Department of Insurance



Certificate No. 15211

Company No. 07-005811

Certificate of Authority

THIS IS TO CERTIFY THAT

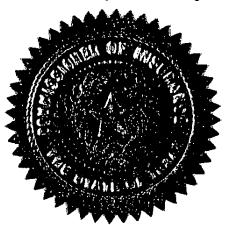
ATAIN INSURANCE COMPANY

ARLINGTON, TEXAS

has complied with the laws of the State of Texas applicable thereto and is hereby authorized to transact the business of

Fire; Allied Coverages; Hail-growing crops only; Rain; Inland Marine; Ocean Marine; Aircraft--Liability & Physical Damage; Accident; Health; Employers' Liability; Automobile--Liability & Physical Damage; Liability other than Automobile; Fidelity & Surety; Glass; Burglary & Theft; Forgery; Boiler & Machinery; Credit; Livestock and Reinsurance on all lines authorized to be written on a direct basis

insurance within the state of Texas. This Certificate of Authority shall be in full force and effect until it is revoked, canceled or suspended according to law.



IN TESTIMONY WHEREOF, witness my hand and seal of office at Austin, Texas, this

28th day of September A.D. 2011

ELEANOR KITZMAN
COMMISSIONER OF INSURANCE

Godwin Ohaechesi, Director Company Licensing & Registration