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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Associated Industries Insurance Company, Inc.

DOCUMENT NUMBER: _____

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gregory L. Himebauch

Name of Contact Person

AmTrust North America

Firm/ Company

12790 Merit Drive, Suite 200

Address

Dallas, TX 75251

City/ State and Zip Code

jackie.gomez@amtrustgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gregory L. Himebauch

Name of Contact Person

at (214)

360-3782

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 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

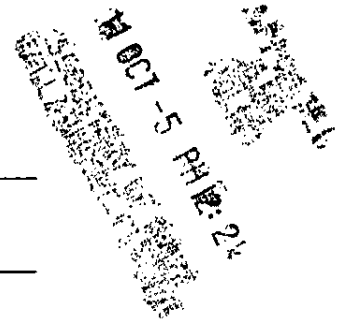
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

Associated Industries Insurance Company, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known))



Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

903 N.W. 65th Street
Boca Raton, FL 33487

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

903 N.W. 65th Street
Boca Raton, FL 33487

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: _____

New Registered Office Address: _____
(Florida street address)

_____, Florida
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:
(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 9/30/11
(date of adoption is required)

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."
(voting group)

☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated September 30, 2011

Signature

Kerry Heitz
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Kerry Heitz

(Typed or printed name of person signing)

Executive Vice President and Treasurer

(Title of person signing)

ARTICLES OF AMENDMENT
TO THE
AMENDED AND RESTATED ARTICLES OF INCORPORATION OF
ASSOCIATED INDUSTRIES INSURANCE COMPANY, INC.

Pursuant to Section 607.1007, Florida Statutes, and the Amended and Restated Articles of Incorporation of Associated Industries Insurance Company, Inc., the undersigned corporation adopts the following Articles of Amendment to its Amended and Restated Articles of Incorporation:

The Company's Amended and Restated Articles of Incorporation shall be amended as follows:


ARTICLE I Name and Address, shall be deleted and replaced with:

ARTICLE I
Name and Address

The name of the Corporation shall be Associated Industries Insurance Company, Inc. The principal office of the Corporation shall be located at 903 N.W. 65th Street, Boca Raton, FL 33487, unless and until changed by resolution of the Board of Directors.

This amendment was adopted as of August 22, 2011 by the board of directors without shareholder action. Shareholder action was not required.

Dated as of August 22, 2011



Stephen B. Ungar
Secretary