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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 430472 (1)

1. Corporation Name
~~CINCINNATI ASSURANCE INTERNATIONAL COMPANY~~
AMEDEX INSURANCE COMPANY

Note: Amendment to Articles of Incorporation filed as of Dec. 31, 1997)

Principal Place of Business	Mailing Address
7001 SW 97TH AVE P.O. BOX 531048 MIASMIF L 33173 US	7001 SW 97TH AVE P.O. BOX 531048 MIAMI FL 33173 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 07/12/1973	
21	26	4. FEI Number: 59-1485499	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
City & State 23: MIAMI FL	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BYRON J. WILLIAMS 7001 SW 97TH AVE MIAMI FL 33173	81 Name: MICHAEL A. CARRICARTE 82 Street Address (P.O. Box Number is Not Acceptable): 7001 S.W. 97 AVENUE 83 84 City: MIAMI FL 85 Zip Code: 33173

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ MICHAEL A. CARRICARTE 4-20-98
Signature, typed or printed name of individual and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VDS	☒ DELETE	1.1 TITLE: DV	☐ Change ☒ Addition
NAME	WILLIAMS, BYRON J.		1.2 NAME: CARRICARTE, MICHAEL L.	
STREET ADDRESS	7001 SW 97TH AVE		1.3 STREET ADDRESS: 7001 SW 97th AVENUE	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP: MIAMI, FL 33173	
TITLE	PD	☐ DELETE	2.1 TITLE: CPD	☒ Change ☐ Addition
NAME	CARRICARTE, MICHAEL A.		2.2 NAME: CARRICARTE, MICHAEL A.	
STREET ADDRESS	7001 SW 97TH AVE		2.3 STREET ADDRESS: 7001 SW 97th AVENUE	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP: MIAMI, FL 33173	
TITLE	D	☐ DELETE	3.1 TITLE: DV	☐ Change ☒ Addition
NAME	KING, MARVIN		3.2 NAME: KARDONSKI, ANNE L.	
STREET ADDRESS	7001 SW 97TH AVE		3.3 STREET ADDRESS: 7001 SW 97th AVENUE	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP: MIAMI, FL 33173	
TITLE	D	☒ DELETE	4.1 TITLE: DV	☐ Change ☒ Addition
NAME	ALPAUGH, WALTER G.		4.2 NAME: CARRICARTE, JENNIFER L.	
STREET ADDRESS	7001 SW 97TH AVE		4.3 STREET ADDRESS: 7001 SW 97th AVENUE	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP: MIAMI, FL 33173	
TITLE	D	☒ DELETE	5.1 TITLE: DTS	☒ Change ☐ Addition
NAME	ALPAUGH, WILLIAM G., JR.		5.2 NAME: KOLBER, CLIFFORD M.	
STREET ADDRESS	7001 SW 97THA VE		5.3 STREET ADDRESS: 7001 SW 97th AVENUE	
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP: MIAMI, FL 33173	
TITLE	T	☐ DELETE	6.1 TITLE:	☐ Change ☐ Addition
NAME	KOLBER, CLIFFORD		6.2 NAME: 100002517611	
STREET ADDRESS	7001 SW 97TH AVENUE		6.3 STREET ADDRESS: -05/08/98--01092--012	
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP: ***158.75	

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ MICHAEL A. CARRICARTE 4-20-98 (305) 275-1400

CR2E034 (10/97)