

805810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

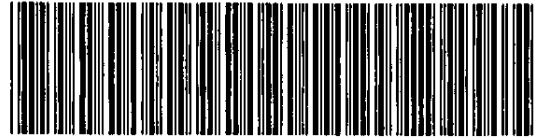
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/26/13--01028--022 **35.00

FILED
13 AUG 22 PM 2:46
SECRETARY OF STATE
MONTGOMERY, AL

N/C
8/22/13
DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 3, 2013

MICHELLE RICE
ALTERRA AMERICA INSURANCE COMPANY
9020 STONY POINT PARKWAY, SUITE 325
RICHMOND, VA 23235

SUBJECT: MAX AMERICA INSURANCE COMPANY
Ref. Number: 805810

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

A foreign corporation which has changed its name, duration, jurisdiction, or purpose (nonprofit corporation only), should file an amended application. The amendment should be filed after the occurrence of such a change within 30 days for a not for profit corporation and within 90 days for a profit corporation. The form should be accompanied by an original certificate from the domicile state issued within the past 90 days evidencing the change and a filing fee of \$35.

THE CERTIFICATE SUBMITTED WITH THE APPLICATION SHOULD STATE THE CERTIFICATE OF CONVERSION OF A INDIANA CORPORATION TO A DELAWARE CORPORATION OF MAX AMERICA INSURANCE COMPANY CHANGING ITS NAME TO ALTERRA AMERICA INSURANCE COMPANY, WAS FILED IN THIS OFFICE ON THE FOURTH DAY OF NOVEMBER, 2010.

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) 245-6050.

Darlene Connell
Regulatory Specialist II

Letter Number: 713A00010791

RECEIVED

13 JUN 27 AM 10:15

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

www.sunbiz.org

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Max America Insurance Company

DOCUMENT NUMBER: 805810

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

Please return all correspondence concerning this matter to the following:

Michelle Rice
Name of Contact Person
Alterra America Insurance Company
Firm/ Company
9020 Stony Point Parkway, Suite 325
Address
Richmond, VA 23235
City/ State and Zip Code

michelle.rice@alterra-us.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Rice at (804) 287-6907
Name of Contact Person Area Code & Daytime Telephone Number

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

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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

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)

805810

(Document number of corporation (if known))

FILED
13 AUG 22 PM 2:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Max America Insurance Company

(Name of corporation as it appears on the records of the Department of State)

2. Indiana

(Incorporated under laws of)

3. 08/21/1944

(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? 11/4/10

5. Alterra America Insurance Company

(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.

Delaware

(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)

Bryan W Sanders

(Typed or printed name of person signing)

Vice President

(Title of person signing)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE CERTIFICATE OF CONVERSION OF AN INDIANA CORPORATION "MAX AMERICA INSURANCE COMPANY" TO A DELAWARE CORPORATION OF "ALTERRA AMERICA INSURANCE COMPANY", WAS FILED IN THIS OFFICE ON THE FOURTH DAY OF NOVEMBER, A.D. 2010, AT 5:48 O'CLOCK P.M.

4859605 8317

130883182



Jeffrey W. Bullock
 Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 0607921

DATE: 07-23-13