822259

Yosemite Insurance Company
601 N.W. Second Street, Evansville, Indiana 47708

April 6, 1999

Florida Department of State
Division of Corporations
Amendment Sections
P.O. Box 6327
Tallahassee, FL 32314

100002843821--5
-04/19/99--01086--017
*****52.50 *****52.50

Re: Yosemite Insurance Company

To Whom it May Concern:

Enclosed please find the following: 1) Profit Corporation Application by Foreign Profit Corporation to File Amendment to Application for Authorization to Transact Business in Florida, 2) Permit to Complete Redomestication from the State of Indiana and 3) a check for $52.50 which includes the $35.00 filing fee, and $8.75 each for a certified copy and status certificate.

The certified copy and status certificate should be forwarded to Eileen Mayes at the address listed above. If you should have any questions relating to this filing, please contact Ms. Jodi McGregor at (812) 468-5551, senior attorney for Yosemite Insurance Company.

Thank you for your prompt attention to this filing.

Very truly yours,

Georganna M. Hoffman

Georganna M. Hoffman
Corporate Paralegal

Amend
4-20-99
MS

FILED
99 APR 19 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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. Yosemite INsurance Company
   Name of corporation as it appears on the records of the Department of State.

2. California
   Incorporated under laws of

3. December 31, 1968
   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?_____

5. _____
   Name of corporation after the amendment, adding suffix "corporation" "company" or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation.

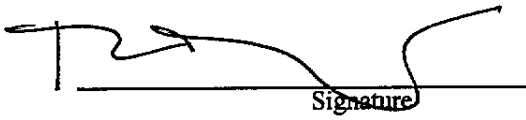
6. If the amendment changes the period of duration, indicate new period of duration.

   _____
   New Duration

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

   Indiana
   New Jurisdiction

FILED
99 APR 19 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Signature

April 5, 1999
Date

Ron DiGiacomo
Typed or printed name

Vice President & Secretary
Title

Certificate of Similarity
11-9-33

INSURANCE DEPARTMENT

STATE OF INDIANA

office of

COMMISSIONER OF INSURANCE

Indianapolis, Indiana **February 24, 1999**

I, Sally McCarty, Commissioner of Insurance of the state of Indiana, do hereby certify that I have caused to have compared the annexed copy of **Permit to Complete Redomestication of Yosemite Insurance Company, dated December 29, 1998** with the original on file at this Department and find the same to be a correct transcript of the whole of said original.

In witness whereof, I have hereunto set my hand and affixed my official seal the day and year first above written.

Sally McCarty

Commissioner of Insurance

PERMIT TO COMPLETE REDOMESTICATION

WHEREAS, Yosemite Insurance Company (the "Company") an insurer domiciled in and organized under the laws of California, has declared its intention to the Indiana Department of Insurance to become a domestic insurer of the State of Indiana.

WHEREAS, the company has complied with the requirements of I.C. 27-1-6.5-1.

NOW THEREFORE, I Sally McCarty, Commissioner of Insurance of the State of Indiana, do hereby issue this Permit to Complete Redomestication to the Company. This permit is effective for one year from the date of signing.

Signed and sealed this 29th day of December, 1998.

Sally McCarty
Commissioner
Indiana Department of Insurance