829061

(2)

HEALTH INSURANCE OF VERMONT, INC.
AMERICA'S BLUE COLLAR DISABILITY COMPANY®

FILED
97 JAN 30 AM 11:31
SECRETARY OF STATE
TALLAHASSEE FLORIDA

December 17, 1996

Amendment Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

700002036367--0
-12/24/96--01033--007
*****43.75 *****43.75

Re: NAME CHANGE TO AMERICAN NETWORK INSURANCE COMPANY (formerly Health Insurance of Vermont, Inc.)
NAIC Code 81078 FIN 03-0211497

Ladies and Gentlemen:

As outlined in your correspondence received December 16, 1996, we enclose the following to request amendment of the name Health Insurance of Vermont, Inc., to American Network Insurance Company:

1) Completed Application for Amendment (in duplicate)

2) Certified copy of Certificate of Authority, State of Vermont

3) Check in the amount of $43.75.

Please forward Certificate of Good Standing that we might have to complete our filing with the Florida Insurance Department.

Your early attention to this matter will be greatly appreciated. Thank you.

Sincerely,

Carole V. Foster

(Mrs.) Carole V. Foster
Administrative Assistant

N/C

cvf:f
Enclosures

VS JAN 31 1997

ONE ROOSEVELT HIGHWAY • P.O. BOX 630 • COLCHESTER, VERMONT 05446-0630 • PHONE 802/655-5500 • FAX 802/655-1570

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

January 7, 1997

CAROLE V. FOSTER
HEALTH INSURANCE OF VERMONT, INC.
P.O. BOX 630
COLCHESTER, VT 05446-0630

SUBJECT: HEALTH INSURANCE OF VERMONT, INC.
Ref. Number: 829061

We have received your document for HEALTH INSURANCE OF VERMONT, INC. and your check(s) totaling $43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

In order to file your document, the subject entity must first be reinstated.

Please note that if the reinstatement is received in this office within 60 day of this letter the fee to reinstate this corporation will be $2,503.75 which includes the 1997 annual report, if not received within the 60 days then the new reinstatement fee of $585 will apply and the total to reinstate at that time will be $2,913.75.

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 (904) 487-6909.

Velma Shepard
Corporate Specialist

Letter Number: 797A00000785

American Network Insurance Company

January 27, 1997

PRIORITY MAIL

Velma Shepard
Corporate Specialist
Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: HEALTH INSURANCE OF VERMONT, INC.
Ref.Number:829061
Letter Number:797A00000785

Dear Ms. Shepard:

Enclosed please find Vermont Amended Certificate of Authority in connection with our name change to American Network Insurance Company and completed Application for Amendment (in duplicate) which you returned to us January 7, 1997.

With this filing, I enclose duly completed Application for Reinstatement, together with the required fee of $2,503.75 as indicated in your letter.

You already have our check for $43.75 representing the $35.00 filing fee for the application for amendment and the $8.75 fee for a Certificate of Status.

Receipt of the Certificate of Good Standing at your earliest convenience will be greatly appreciated, since this is needed to complete all that is needed for our filing with the Florida Insurance Department.

Our apologies for this error and for any inconvenience this confusion may have caused. I'm not sure how this could have happened, but to avoid any such error in the future, would you be good enough to advise the date each year that this annual report filing is due so that we can set up a reminder in our tickler file to watch for this form? Thanks so much for your help.

Sincerely,

Carole Foster

(Mrs.) Carole V. Foster
Administrative Assistant

CVF:f
Enclosures

One Roosevelt Highway • P.O. Box 630 • Colchester, Vermont 05446 • (802) 655-5500 • Fax (802) 655-1570

NONPROFIT CORPORATION

APPLICATION BY FOREIGN NONPROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR CONDUCTING AFFAIRS IN FLORIDA

(Pursuant to s. 617.1504, F.S.)

FILED
97 JAN 30 AM 11:31
SECRETARY OF STATE
TALLAHASSEE FLORIDA

SECTION I
(1-3 MUST BE COMPLETED)

1. HEALTH INSURANCE OF VERMONT, INC.
Name of corporation as it appears on the records of the Department of State.

2. STATE OF VERMONT
Incorporated under laws of

3. FEBRUARY 13, 1973
Date authorized to conduct affairs 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? AUGUST 30, 1996.

5. AMERICAN NETWORK INSURANCE COMPANY
Name of corporation after the amendment, adding suffix "corporation" 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 and the date the change was effected.

New Duration _____ Date _____

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction and the date the change was effected.

New Jurisdiction _____ Date _____

8. If the purpose which the corporation intends to pursue in Florida has changed indicate new purpose.

The corporation is authorized to pursue such purpose in the jurisdiction of its incorporation.

John W Mahoney
Signature

DECEMBER 17, 1996
Date

JOHN W. MAHONEY
Typed or printed name

VICE PRESIDENT
Title

VT DEPT. OF BANKING, INSURANCE & SECURITIES
A TRUE COPY
ATTEST:
DATE: 10/8/96

Vermont . . .

**Department of Banking, Insurance,
Securities and Health Care Administration**

AMENDED CERTIFICATE OF AUTHORITY

AMERICAN NETWORK INSURANCE COMPANY
(Formerly known as HEALTH INSURANCE of VERMONT, INC.)
Colchester, Vermont

WHEREAS, on the 26th day of May, 1961 the then Commissioner of the Vermont Department of Banking, Insurance, Securities and Health Care Administration issued a certificate of authority authorizing HEALTH INSURANCE of VERMONT, INC. to begin the transaction of business pursuant to the provisions of its Articles of Association and the laws of Vermont; and

WHEREAS, application was made in August, 1996, pursuant to 8 V.S.A. §3424, to the Commissioner of Banking, Insurance, Securities and Health Care Administration to merge and change the name of the HEALTH INSURANCE of VERMONT, INC. to the AMERICAN NETWORK INSURANCE COMPANY (Docket No. 96-034-I); and

WHEREAS, on August 30, 1996, the Commissioner of Banking, Insurance, Securities and Health Care Administration found that the merger and resulting name change meet the general good of the State of Vermont and approved the above-referenced application; and

WHEREAS, the Commissioner of Banking, Insurance, Securities and Health Care Administration has reviewed all the facts and circumstances surrounding the name change and based on that review does hereby find that all of the documents, papers and submissions relating thereto satisfy all the requirements of the Vermont Statutes applicable to said domestic company;

WHEREAS, the above-described merger became effective on August 30, 1996;

NOW THEREFORE, the Commissioner of the Department of Banking, Insurance, Securities and Health Care Administration pursuant to the authority of 8 V.S.A. Ch. 101 issues this Amended Certificate of Authority documenting Health Insurance of Vermont, Inc.'s change of name to **American Network Insurance Company.** This Amended Certificate of Authority neither diminishes nor enlarges the authority of American Network Insurance Company to transact the business of insurance.

IN WITNESS WHEREOF, I have set my hand and official seal of the Department of Banking, Insurance, Securities and Health Care Administration at Montpelier, Vermont, as of the 23rd day of September 1996.

Elizabeth R. Costle

ELIZABETH R. COSTLE
COMMISSIONER

89 Main St., Drawer 20, Montpelier, VT 05620-3101
Banking, Insurance Divisions: (802) 828-3301; Securities Division: (802) 828-3420