#### RAMPART INSURANCE COMPANY WESTERN CONTINENTAL INSURANCE COMPANY

By Express Mail

February 11, 2000

Ms. Susan Payne Amendment Section Division of Corporation Florida Department of State 409 East Gaines Street Tallahassee, FL 32399

-02/14/00--01003--010 \*\*\*\*\*52.50

Company Name Change for: Re:

GAN North American Insurance Company to Western Continental **Insurance Company** 

Dear Ms. Payne,

Thank you for the instructions on amending our company name in the State of Florida. At your request, please find attached:

Amendment Application for Foreign Profit Corporation duly completed and sign

Certificate of Authority as certified by the State of Texas (State of Domicile) on January 14, 2000.

□ Filing fees of \$61.25 as follows:

\$35 for filing fee; \$8.75 for Certified Copy of Amendment to Certificate of Authority (2 pages = \$17.5); \$8.75 for Certificate of Status.

We hope that we have fully complied with the requirements in Florida and look forward to our amended certificate of authority from your State.

Thank you for your kind expedience and please do not hesitate to contact me for further information at (212) 709-1819.

Sincerely

120 WALL ST.

Ifristiane Strano

-Corporate Secretary

Cc: Karen Leshowitz, Esq. NIC Amend

FEB 1 4 2000L S. PAYNE

FAX: (212) 709-1840

TEL: (212) 709-1800

# P 02

# 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)

Name of corporation as it ap		ne Department of State.	
Manie of Corporation as it op	Towns out die 1000100 o. c.		
TEXAS	3	August 10, 1983	1
Incorporated under laws of	Da	ate authorized to do busine	ss in Florida
(4-7 COMPLETE O	SECTION II ONLY THE APPLICABI	LE CHANGES)	1
. If the amendment changes the name of the corp	oration, when was th	e change effected unde	er the laws of
its jurisdiction of incorporation?	ber 10, 1999		
WESTERN CONTINENTAL INSURANCE Name of corporation after the amendment, adding suffix	COMPANY		
. If the amendment changes the period of duration	n, indicate new perio	od of duration. n/a	DO FEB 14
. If the amendment changes the jurisdiction of in		new jurisdiction.	FILED PER IL AM II: 09 ECRETARSEE. FLORIG
allestians The Signature		February 9, 20	00
Christiane Strano Typed or printed name		Corporate Secre Title	tary



#### Texas Department of Insurance

Financial, Company Licensing & Registration, Mail Code 305-2C 333 Guadalupe - P. O. Box 149104, Austin, Texas 78714-9104

STATE OF TEXAS

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**COUNTY OF TRAVIS** 

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The Commissioner of Insurance, as the chief administrative and executive officer and custodian of records of the Texas Department of Insurance has delegated to the undersigned the authority to certify the authenticity of documents filed with or maintained by or within the custodial authority of the Company Licensing & Registration Division of the Texas Department of Insurance.

Therefore, I hereby certify that the attached documents are true and correct copies of the documents described below. I further certify that the documents described below are filed with or maintained by or within the custodial authority of the Company Licensing & Registration Division of the Texas Department of Insurance.

Current Certificate of Authority for WESTERN CONTINENTAL INSURANCE COMPANY, Houston, Texas, No. 12304, dated September 10. 1999, consisting of one (1) page.

IN TESTIMONY WHEREOF, witness my hand and seal of office at Austin, Texas, this 14<sup>th</sup> day of January, 2000.

JOSE MONTEMAYOR COMMISSIONER OF INSURANCE

Godwin Ohaechesi, Director

Company Licensing & Registration Division

Order No. 99-1650

## Texas Department of Insurance



Certificate No. 12304

Company No. 07-085600

### Certificate of Authority

THIS IS TO CERTIFY THAT

WESTERN CONTINENTAL INSURANCE COMPANY

HOUSTON, TEXAS

has complied with the laws of the State of Texas applicable thereto and is hereby authorized to transact the business of

Fire; Allied Coverages; Hail-growing crops only; Inland Marine; Ocean Marine; Aircraft--Liability & Physical Damage; Accident; Health; Workers' Compensation & Employers' Liability; Employers' Liability; Automobile--Liability & Physical Damage; Liability other than Automobile; Fidelity & Surety; Glass; Burglary & Theft; Forgery; Boiler & Machinery; Credit; Livestock and Reinsurance on all lines authorized to be written on a direct basis

insurance within the state of Texas. This Certificate of Authority shall be in full force and effect until it is revoked, canceled or suspended according to law.

IN TESTIMONY WHEREOF, witness my hand and seal of office at Austin, Texas, this

10th day of September A.D. 1999

JOSE MONTEMAYOR COMMISSIONER OF INSURANCE

Godwin Ohaechesi, Director

Company Licensing and Registration