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Florida Department of State

Division of Corporations Public Access System

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3/9/2009

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.)

	TION I DE COMPLETED)	
8556	122 Dec. 19	2 -
(Document number of	of corporation (if known)	美
1 Interstate Indemnity Company	7 , 27, 27, 27, 27, 27, 27, 27, 27, 27, 27	٩
(Name of corporation as it appears of	in the records of the Department of State)	三型
2. Illinois	7.	بر ج
(Incorporated under laws of)	3. February 24, 1983 (Date authorized to do business in Florida)	<u></u>
, , , , , , , , , , , , , , , , , , ,	(Calla ganilla de partirede (i.) instant	P
	TION II 'HE APPLICABLE CHANGES)	
4. If the amendment changes the name of the corporation	n, when was the change effected under the laws of	
its jurisdiction of incorporation? January 1, 2009		
5 AGCS Marine Insurance Company		
(Name of corporation after the amendment, adding sur appropriate abbreviation, if not contained in new name	ffix "corporation," "company," or "incorporated," one of the corporation)	ìΓ
(If new name is unavailable in Florida, enter alternate of business in Florida)	corporate name adopted for the purpose of transaction	ng
6. If the amendment changes the period of duration, indic	cate new period of duration.	
{NGW	duration)	
7. If the amendment changes the jurisdiction of incorpora	ation, indicate new jurisdiction.	
Λ		
(New)	urisdiction)	
8. Attached is a certificate or document of similar import 90 days prior to delivery of the application to the Department of the jurisdiction having custody of corporate records in the jurisdiction	t, evidencing the amendment, authenticated not mor artment of State, by the Secretary of State or other of number the laws of which it is incorporated.	e than official
(Signature of a director, president or other officer - If in to of a receiver or other court appointed fiduciary, by that f	he hands fiduciary)	
J. Terry Griffith	Assistant Secretary & Vice Preside	nt
(Typed or printed name of person signing)	(Title of person signing)	



STATE OF ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION Division of Insurance

320 West Washington Street Springfield; Illinois 62767-0001



t, the undersigned, Director of Insurance of the State of Illinois, hereby certify that the document to which this Certification is attached is a true and correct copy of the original now on file in and forming a part of the records of the Illinois Department of Financial and Professional Regulation, Division of Insurance.

In witness whereof, I hereto set my hand and cause to be affixed this Seal in Springfield, Illinois.

Date: A

4 2009 Y

1L446-0135 (3/05)

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Department of Financial and Professional Regulation Division of Insurance AMENDED CERTIFICATE OF AUTHORITY

1	
Whereas, the AGCS MARINE	INSURANCE COMPANY
(FORMERLY INTERSTATE INDE	MNITY COMPANY)
located at City of Chicago, County of	of Cook, in the State of Illinois
has complied with all the requirement of	f the "Illinois Insurance Code" applicable to
said Company:	<i>,</i>
NOW, THEREFORE, I, the unde	ersigned, Director of Insurance of the State of
Illinois, do hereby authorize the said Co	mpany to transact its appropriate business as
set forth under Clauses(s)	
(a), (b), (c), (d), (e), (f), (g), (h), (l), (i), (k) of Class 2
(a), (b), (c), (d), (e), (f), (g), (h) of Class 3
of Section 4 of the "titinois Insurance of	Code" in this State, in accordance with the laws
thereof. DATE: December 17, 2008	DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION of the State of Illinois;
	Michael T. McRaith Director of Insurance