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Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number: I2000000195 : (850)521-1000 Phone Fax Number : (850)558-1575

Enter the email address for this business entity to be used for futilities annual report mailings. Enter only one email address please.*

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COR AMND/RESTATE/CORRECT OR O/D RESIGN AMERICAN INTERNATIONAL SOUTH INSURANCE COMPANY

| Certificate of Status | 0 |
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Corporate Filing Menu

Help

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 1 (1-3 MUST BE COMPLETED)

| 2 F 3 | 7 0 | | |
|--|--------------------------------|---|---------------------|
| <u>8547</u> | -24 | | |
| (Document number | er of corporatio | n (if known) | まし いる |
| 1. American International South Insure (Name of corporation as it appears | nce Comp | | |
| Δ | | 01.1- | 23 = |
| 2. Pennsylvania (Incorporated under laws of) | 3 | 9/15/83 (Date authorized to do busi | nancin Harida) |
| (meospotated under laws of) | | (Date aumorized to no ous | mess in a foreat) |
| | | | |
| SEC (4-7 COMPLETE ONLY | CTION II | ABLE CHANGES) | 9 |
| · | | | |
| 4. If the amendment changes the name of the corporati | on, when wa | is the change effected un- | der the laws of |
| its jurisdiction of incorporation? 12/1/09 | · | | |
| 5. Chartis Casualty Company | | | |
| (Name of corporation after the amendment, adding sappropriate abbreviation, if not contained in new name of the contained in | suffix "corpo ame of the co | ration," "company," or ' orporation) | 'incorporated," or |
| | | | |
| (If new name is unavailable in Florida, enter alternate business in Florida) | e corporate n | name adopted for the purp | pose of transacting |
| 6 T6 the amondment when any the control of the first of the control of the contro | 1 | t di et lata | |
| 6. If the amendment changes the period of duration, inc | dicate new po | eriod of duration. | |
| | | | |
| (No | w duration) | | |
| 7. If the amendment changes the jurisdiction of incorpo | oration, indic | ate new jurisdiction. | |
| | | | |
| (New | / jurisdiction) | | |
| MJ = 2 | | | |
| (Signature of a director, president or other officer - if in | thu hom to | | |
| of a receiver or other court appointed fiduciary, by that | i tie nands t fiduciary) | | |
| Martin J. Bogve | | Assistant Sc | ecretary |
| (Typed-or printed name of person significant significa | NO) | (Title of ner | SOn signisfy) |

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

December 1, 2009

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY, That from an examination of the indices and Records of this Department, it appears that on October 6, 2009 effective December 1, 2009 Articles of Amendment were filed pursuant to the laws of the Commonwealth of Pennsylvania AMERICAN INTERNATIONAL SOUTH INSURANCE COMPANY, a Pennsylvania corporation, incorporated December 29, 1993, whereby the corporate name was changed to CHARTIS CASUALTY COMPANY.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Country of the Country

Secretary of the Commonwealth