

857908
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A LIMITED LIABILITY PARTNERSHIP

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CHRISTINE E. VOGT
PARALEGAL

January 28, 1999

VIA FEDERAL EXPRESS

Secretary of State
409 E. Gaines St.
Tallahassee, FL 32399

FILED
99 JAN 29 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: ManagedComp National Insurance Company/
Advantage Workers Compensation Insurance Company (the "Company")

Dear Sir/Madam:

Enclosed please find the following documents necessary to amend ManagedComp National Insurance Company's name to Advantage Workers Compensation Insurance Company in the State of Florida.

- Application for Amended Certificate of Authority.
- Certificate of Name Change from the Company's domicile state of Indiana.
- A check totaling \$43.75 to cover the \$35 filing fee and \$8.75 fee to in order to obtain a Certificate of Status in the Company's new name.

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-01/29/99--01081--025
*****43.75 *****43.75

Please file this registration on an expedited basis and return the evidence of filing to my attention via the enclosed Federal Express envelope. Please contact me at 404-504-7617 if there is any reason this amendment cannot be filed immediately.

N/c

VS FEB 4 1999

MORRIS, MANNING & MARTIN
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January 28, 1999
Page 2

Thank you for your assistance.

Very truly yours,

MORRIS, MANNING & MARTIN, L.L.P.

A handwritten signature in black ink, appearing to read "Christine E. Vogt", written over the typed name.

Christine E. Vogt
Paralegal

:cev
Enclosures
cc: Ms. Teresa Mareck

(Pursuant to s. 607.1504, F.S.)

FILED
99 JAN 29 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- | Secretary | Title |
|-----------|-------|
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STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE
CERTIFICATE OF FACT

To Whom These Presents Come, Greeting:

I, Sue Anne Gilroy, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that the records of this office disclose that Articles of Amendment to the Articles of Incorporation, bearing an approved and filed date of December 4, 1998 were filed, changing the name of the corporation from:

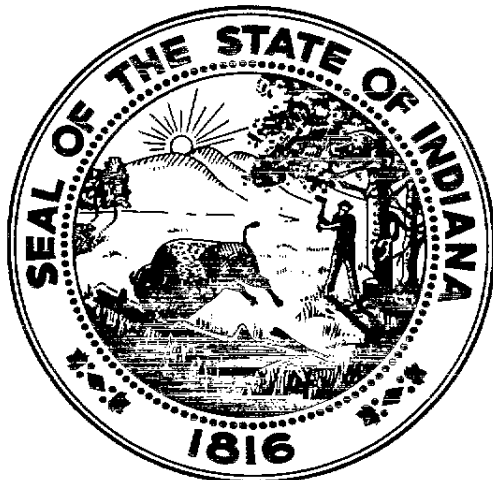
MANAGEDCOMP NATIONAL INSURANCE COMPANY

to

ADVANTAGE WORKERS COMPENSATION INSURANCE COMPANY

I further certify this corporation has filed its most recent annual report required by Indiana law with the Secretary of State, or is not yet required to file such annual reports, and that Articles of Dissolution have not been filed.

In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Fourth day of January, 1998.



Sue Anne Gilroy
SUE ANNE GILROY, Deputy Secretary of State

A handwritten signature in ink, appearing to be "JH", enclosed in a circular stamp.