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CHRISTINE E. VOGT
PARALEGAL

January 28, 1999

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

VIA FEDERAL EXPRESS

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

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.

600002758146--4
-01/29/99--01081--025
*****43.75 *****43.75

- 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.

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

460834

Thank you for your assistance.

Very truly yours,

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

Christine E. Vogt
Paralegal

:cev
Enclosures
cc: Ms. Teresa Mareck

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)

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

1. ManagedComp National Insurance Company
Name of corporation as it appears on the records of the Department of State.

2. Indiana
Incorporated under laws of

3. 9-28-1983
Date authorized to do business 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? 12/4/98

5. Advantage Workers Compensation Insurance Company
Name of corporation after the amendment, adding suffix "corporation" "company" 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.

New Duration

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

New Jurisdiction

Teresa J Mareck
Signature

1/19/99
Date

Teresa J. Mareck
Typed or printed name

Secretary
Title

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.

SEAL OF THE STATE OF INDIANA 1816

Sue Anne Gilroy Deputy

SUE ANNE GILROY, Secretary of State