

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

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

Email Address: _____

COR AMND/RESTATE/CORRECT OR O/D RESIGN

CASTLE EDGE INSURANCE AGENCY, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

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)

F05000002739

(Document number of corporation (if known))

1. CASTLE EDGE INSURANCE AGENCY, INC.

(Name of corporation as it appears on the records of the Department of State)

2. Massachusetts

(Incorporated under laws of)

3. 05/06/2005

(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? _____

5. _____
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) _____

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)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

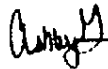
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
D, <u>Chairman</u>	<u>M. Ryan Gorman</u>	<u>175 PARK AVENUE</u>	<input type="checkbox"/> Add
		<u>MADISON, NJ 07940</u>	<input checked="" type="checkbox"/> Remove
<u>D</u>	<u>MARILYN J WASSER</u>	<u>175 PARK AVENUE</u>	<input type="checkbox"/> Add
		<u>MADISON, NJ 07940</u>	<input checked="" type="checkbox"/> Remove
<u>SECY</u>	<u>KENNETH D HOFFERT</u>	<u>175 PARK AVENUE</u>	<input type="checkbox"/> Add
		<u>MADISON, NJ 07940</u>	<input checked="" type="checkbox"/> Remove
<u>VP</u>	<u>Gerard Gilligan</u>	<u>175 PARK AVENUE</u>	<input type="checkbox"/> Add
<u>Executive</u>		<u>MADISON, NJ 07940</u>	<input checked="" type="checkbox"/> Remove
<u>Vice President</u>			
<u>& Treasurer</u>	<u>Charlotte C. Simonelli</u>	<u>175 PARK AVENUE</u>	<input type="checkbox"/> Add
		<u>MADISON, NJ 07940</u>	<input checked="" type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Ashley Goldsmith

(Typed or printed name of person signing)

Attorney-in-Fact

(Title of person signing)

FILING FEE \$35.00

Castle Edge Insurance Agency, Inc.

Attachment to Application by Foreign Profit Corporation to File Amendment to
Application for Authorization to Transact Business in Florida

Please remove the following:

Kenneth Fries, President - 175 PARK AVENUE MADISON, NJ 07940

Please add the following officers:

1. Troy Singleton, President - 3001 Leadenhall Road, Mount Laurel, NJ 08054
2. Michael P. Gozdan, SVP, General Counsel & Secretary - 3001 Leadenhall Road, Mount Laurel, NJ 08054
3. Sriram Someshwara, SVP & CFO - 3001 Leadenhall Road, Mount Laurel, NJ 08054
4. Donald J. Casey, Chairman & CEO- -3001 Leadenhall Road, Mount Laurel, NJ 08054