

F06000003241

Florida Department of State  
Division of Corporations  
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From:

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
NMHC GROUP SOLUTIONS INSURANCE, INC.**

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Page Count	03 4
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March 15, 2012

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

NMHC GROUP SOLUTIONS INSURANCE, INC.  
2441 WARRENVILLE ROAD  
SUITE 610  
LISLE, IL 60532

SUBJECT: NMHC GROUP SOLUTIONS INSURANCE, INC.  
REF: F06000003241

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date 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 the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey  
Regulatory Specialist II

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** NMHC Group Solutions Insurance, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** FO6000003241

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Frank Rowinski  
Name of Contact Person

SXC Health Solutions, Inc.  
Firm/Company

2441 Warrenville Road - Suite 610  
Address

Lisle, IL 60532-3642  
City/State and Zip Code

frank.rowinski@sxc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Frank Rowinski at ( 630 ) 577-4683  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$35.00 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "NMHC GROUP SOLUTIONS  
INSURANCE, INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS  
NAME TO "SXC HEALTH SOLUTIONS INSURANCE, INC.", THE THIRTEENTH  
DAY OF MARCH, A.D. 2012, AT 1:13 O'CLOCK P.M.

4118271 8320

120304692

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 9427357

DATE: 03-13-12