

FD8000003224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

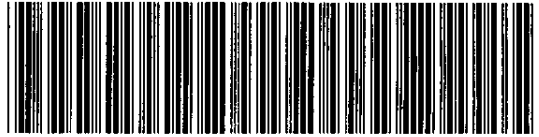
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JAN 20 PM 1:37

T. Roberts JAN 28 2009

**Lancet Indemnity
Risk Retention Group, Inc.**

January 15, 2009:

Amendment Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**Re: Lancet Indemnity Risk Retention Group, Inc.
(formerly, Shoreline Physicians Liability Risk Retention Group, Inc.)
NAIC Company Code: 13014; NAIC Group Code: 0000; FEIN: 26-1479165
Florida Document #: F08000003224**

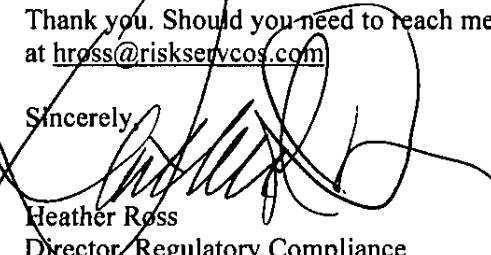
Dear Sir/Madam:

Please be advised that the above-named company has changed its name. Accordingly, enclosed please find the following:

1. Transmittal Letter;
2. Application by Foreign Profit Corporation to File Amendment to Application for Authorization to Transact Business in Florida;
3. Certified copy of the amendment filing with respect to the company's name, as issued by the Office of the Secretary of State of the State of Nevada; and,
4. Check in the amount of \$35.00 in payment of the Division's filing fee.

Thank you. Should you need to reach me, please contact me by telephone at (202) 471-5944 or by e-mail at hross@riskservices.com

Sincerely,



Heather Ross
Director, Regulatory Compliance
Risk Services-Nevada, Inc.
As Managers for
Lancet Indemnity Risk Retention Group, Inc.

HR/sl

Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Shoreline Physicians Liability Risk Retention Group, Inc.
(Name of Corporation)

DOCUMENT NUMBER: F08000003224

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Heather Ross

(Name of Contact Person)

Risk Services

(Firm/Company)

2233 Wisconsin Avenue, N.W., Suite 310

(Address)

Washington, DC 20007

(City/State and Zip Code)

For further information concerning this matter, please call:

Heather Ross

(Name of Contact Person)

at (202) 471-5944

(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

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)

F08000003324

(Document number of corporation (if known))

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JAN 20 PM 1:18

1. Shoreline Physicians Liability Risk Retention Group, Inc.

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

2. Nevada

(Incorporated under laws of)

3. 7/21/08

(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? 11/19/08

5. Lancet Indemnity Risk Retention Group, Inc.

(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. 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.

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

Anthony Maniscalco

(Typed or printed name of person signing)

COO/Treasurer

(Title of person signing)



ROSS MILLER
Secretary of State
204 North Carson Street, Ste 1
Carson City, Nevada 89701-4299
(775) 684 5708
Website: www.nvsos.gov

State of Nevada Division of Insurance APPROVED	
Date	11-13-08
By	[Signature]

Certificate of Amendment
(PURSUANT TO NRS 78.385 AND 78.390)

Filed in the office of	Document Number
[Signature]	20080773184-60
Ross Miller Secretary of State State of Nevada	Filing Date and Time
	11/19/2008 11:01 AM
	Entity Number
	E0736892007-5

USE BLACK INK ONLY - DO NOT HIGHLIGHT

Certificate of Amendment to Articles of Incorporation
For Nevada Profit Corporations
(Pursuant to NRS 78.385 and 78.390 - After Issuance of Stock)

1. Name of corporation:

Shoreline Physicians Liability Risk Retention Group

2. The articles have been amended as follows: (provide article numbers, if available)

1. Name of Corporation: Lancet Indemnity Risk Retention Group, Inc.

3. The vote by which the stockholders holding shares in the corporation entitling them to exercise a least a majority of the voting power, or such greater proportion of the voting power as may be required in the case of a vote by classes or series, or as may be required by the provisions of the articles of incorporation* have voted in favor of the amendment is:

500,000

4. Effective date of filing: (optional)

(must not be later than 90 days after the certificate is filed)

5. Signature: (required)

X [Signature]
Signature of Officer

*If any proposed amendment would alter or change any preference or any relative or other right given to any class or series of outstanding shares, then the amendment must be approved by the vote, in addition to the affirmative vote otherwise required, of the holders of shares representing a majority of the voting power of each class or series affected by the amendment regardless to limitations or restrictions on the voting power thereof.

IMPORTANT: Failure to include any of the above information and submit with the proper fees may cause this filing to be rejected.

This form must be accompanied by appropriate fees.

Nevada Secretary of State Amend Profit-After
Revised: 7-1-08