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To:

Division of Corporations

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Account Name : C T CORPORATION SYSTEM

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: (850)222-1092

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

nail	Address:	
-		"
7		
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COR AMND/RESTATE/CORRECT OR O/D RESIGN NORTH PARKWAY INSURANCE AGENCY, INC.

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

COVER LETTER

Division of C	orporations						
SUBJECT:							
	Nai	ame of Corporation					
DOCUMENT NUM	BER:	F10000002882					
The enclosed Amend	ment and fee are sul	ubmitted for filing.					
Please return all corre	spondence concern	ming this matter to the following:					
	Linda Luperchio						
Nam	e of Contact Person						
The I	Isnover Insurance Grou	que					
	Firm/Company						
44	LINCOLN STREET	, ,					
	Address						
	RCESTER, MA 01653						
City	/State and Zip Code	9.					
	lluperchio@hanover.c	com					
E-mail address; (to	be used for future an	unual report notification)					
For further information	n concerning this m	matter, please call:					
Linda L	uperchio	at (508) 855-4924 Area Code & Daytime Telephone Number					
Name of Cont	act Person	Area Code & Daytime Telephone Number					
Enclosed is a check for	r the following amo	ount:					
\$35.00 Filing Fee	\$43.75 Filing Fee Certificate of Stat	\$43.75 Filing Fee & S52.50 Filing Fee, Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate Copy (Additional copy is enclosed)					
Mailing Address:		Street Address:					
Amendment Section		Amendment Section					
Division of Corporation P.O. Box 6327	IIS	Division of Corporations					
Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle					
		Taliahassee, FL 32301					

FL021 - 05/07/2009 C T System Online

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)

		F10000002882		· · · · · · · · · · · · · · · · · · ·
	(Document number of corporation (if known)			
,	North	Parkway Insurance Age	ency Inc.	87
1.			of the Department of State)	A Liver of the second
			•	RETURN
2	Massachusetts	3	06/24/2010	30 40 50
	(Incorporated under laws of)		(Date authorized to do busines	is in Florida)
				493 8
		SECTION II	•	•
	(4-7 COMPLETE	E ONLY THE APPLIC	able changes)	
•		•		
4. If the arr	nendment changes the name of the co	rporation, when wa	s the change effected under	the laws of
its jurisc	diction of incorporation?	6/30/2010	, 	
	, ma	,	. •	
5. Name o	f compration after the amendment	cators Insurance Agenc	y, Inc.	comparated ^H Or
appropi	f corporation after the amendment, a riate abbreviation, if not contained in	new name of the c	orporation)	· ·
••				
(VE name n	ame is unavailable in Florida, enter a	Itamata Assaulta	and advant for the average	a of tuning option
business	ame is dilavanable in Florida, enter a s in Florida)	iternate corporate r	sure adobted for the harbos	e or transacting
6. If the am	endment changes the period of durat	ion, indicate new p	eriod of duration.	
				•
	, 	(New duration)		
7. If the am	endment changes the jurisdiction of	incorporation, indic	ate new jurisdiction.	
•				
		(New jurisdiction)		
8. Attached 90 days p having cu	is a certificate or document of similarior to delivery of the application to istory of corporate records in the juri	er import, evidencing the Department of its indication under the indicat	g the amendment, authentic State, by the Secretary of St laws of which it is incorpor	cated not more than ate or other official ated.
(Si	endure of a director the sident or other office	er - if in the hands	_	
of	gnature of a director, president or other office a receiver or other court appointed fiduciary	, by that fiduciary)		ţ
	J. KENDALL HUBER		Senior Vice President	·
	(Typed or printed name of person signing)		(Title of person signing)	-



The Gommonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02183

October 15, 2010

TO WHOM IT MAY CONCERN:

I hereby certify that

NORTH PARKWAY INSURANCE AGENCY, INC.

appears by the records of this office to have been incorporated under the General Laws of this Commonwealth on April 5, 2010.

I also certify that by Articles of Amendment filed here June 30, 2010, the name of said corporation was changed to

EDUCATORS INSURANCE AGENCY, INC.

I also certify that so far as appears of record here, said corporation still has legal existence.



Processed By crm

In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

William Francis Galein