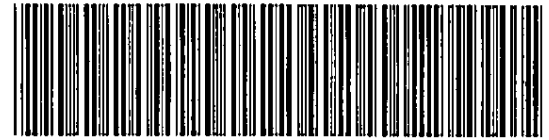


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02/14/17--01020--014 **43.75

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

17 FEB 14 AM 10:30

Nc

FEB 16 2017

R. W.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Insurance Exchange of Maine, Inc.

Name of Corporation

DOCUMENT NUMBER: F14000000251

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Courtney Wentworth

Name of Contact Person

Cross Insurance

Firm/Company

491 Main Street

Address

Bangor, ME 04401

City/State and Zip Code

licensing@crossagency.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alice Dyer

Name of Contact Person

at (207) 947-7345

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)

F14000000251

(Document number of corporation (if known))

1. Insurance Exchange of Maine, Inc.

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

2. Maine

(Incorporated under laws of)

3. 01/13/2014

(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? January 26, 2017

5. Cross Insurance - Stamford, 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.

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

Royce M. Cross

(Typed or printed name of person signing)

Chairman

(Title of person signing)

FLORIDA DEPARTMENT of FINANCIAL SERVICES

INSURANCE EXCHANGE OF MAINE, INC.

74 GILMAN ROAD
BANGOR ME 04401

Agency License Number L087823

Location Number: 257522

Issued On 03/20/2014

Pursuant To Section 626.382, Florida Statutes, This Agency's License Will
Expire On 03/20/2017

Pursuant To Section 626.747, Florida Statutes, This Agency Shall Be In The Active Full-Time
Charge Of A Licensed General Lines Agent Or Life Or Health Agent Who Is Appointed To
Represent One Or More Insurers.

Pursuant To Section 626.172, Florida Statutes, Each Agency Shall Display The License Or Registration
Prominently In A Manner That Makes It Clearly Visible To Any Customer Or Potential Customer Who
Enters The Agency.



Jeff Atwater
Chief Financial Officer
State of Florida

State of Maine



Department of the Secretary of State

I, the Secretary of State of Maine, certify that according to the provisions of the Constitution and Laws of the State of Maine, the Department of the Secretary of State is the legal custodian of the Great Seal of the State of Maine which is hereunto affixed and of the reports of organization, amendment and dissolution of corporations and annual reports filed by the same.

I further certify that CROSS INSURANCE - STAMFORD, INC., formerly INSURANCE EXCHANGE OF MAINE, INC. is a duly organized business corporation under the laws of the State of Maine and that the date of incorporation is May 16, 2013.

I further certify that on:

May 16, 2013	ARTICLES OF INCORPORATION were filed.
January 17, 2014	ASSUMED NAME was filed.
March 26, 2015	CHANGE OF CLERK was filed.
January 26, 2017	CHANGE OF LEGAL NAME was filed.

No further amendments have been filed to date.

I further certify that said business corporation has filed annual reports due to this Department, and that no action is now pending by or on behalf of the State of Maine to forfeit the charter and that according to the records in the Department of the Secretary of State, said corporation is a legally existing business corporation in good standing under the laws of the State of Maine at the present time.

In testimony whereof, I have caused the Great Seal of the State of Maine to be hereunto affixed. Given under my hand at Augusta, Maine, this seventh day of February 2017.



Matthew Dunlap
Secretary of State

DOMESTIC
BUSINESS CORPORATION

STATE OF MAINE

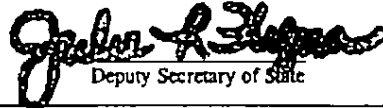
ARTICLES OF AMENDMENT

Insurance Exchange of Maine, Inc.

(Name of Corporation)

Filing Fee \$50.00

File No. 20130941 D Pages 2
Fee Paid \$ 50
DCN 2170262230091 LNME
—FILED—
01/26/2017


Deputy Secretary of State

A True Copy When Attested By Signature


Deputy Secretary of State

Pursuant to 13-C MRSA §1006, the undersigned corporation executes and delivers the following Articles of Amendment:

FIRST: The text of the amendment or the information required by 13-C MRSA §121.10.E as set forth in Exhibit A attached, was adopted on (date) January 17, 2017.

The amendment was duly approved as follows: ("X" one box only.)

- ☐ by the incorporators – shareholder approval was not required OR
☐ by the board of directors – shareholder approval was not required OR
☒ by the shareholders in the manner required by this Act and by the articles of incorporation.

SECOND: If the amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment, if not contained in the amendment itself, are set forth in Exhibit _____ or as follows:

THIRD: The effective date of the articles of amendment (if other than the date of filing of the articles of amendment) is date of filing _____.

DATED January 24, 2017

*By



(signature of any duly authorized person)

Royce M. Cross, Chairman of the Board

(type or print name and capacity)

*This document MUST be signed by any duly authorized officer OR the clerk. (13-C MRSA §121.5)

Please remit your payment made payable to the Maine Secretary of State.

SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101

EXHIBIT A
to
ARTICLES OF AMENDMENT
of
INSURANCE EXCHANGE OF MAINE, INC.

RESOLVED: That the name of the Corporation hereby is changed to
"Cross Insurance – Stamford, Inc."