

F97000002726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

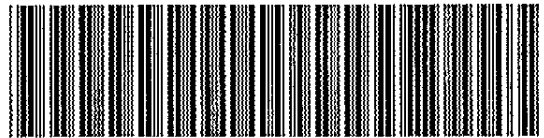
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700009661047

*Name
Change
Amend*

FILED
03 JAN -7 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
03 JAN -7 AM 10:24
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

*RR
1/7/03*



ACCOUNT NO. : 072100000032

REFERENCE : 877311 4385593

AUTHORIZATION :

Patricia Figuth

COST LIMIT : \$ 35.00

ORDER DATE : December 31, 2002

ORDER TIME : 9:36 AM

ORDER NO. : 877311-015

CUSTOMER NO: 4385593

CUSTOMER: Ms. Karen Wittman
Aon Corporation
Aon Center
200 East Randolph Drive
Chicago, IL 60601

FOREIGN FILINGS

NAME: AON MANAGED CARE RISK &
INSURANCE SERVICES, INC.

XX PROFIT
 NON-PROFIT

XX CORPORATE
 LIMITED PARTNERSHIP

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight -- EXT# 1156

EXAMINER: _____

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)

Document Number of Corporation (If known)

1. Aon Managed Care Risk & Insurance Services, Inc.
(Name of corporation as it appears on the records of the Department of State)

2. California 3.5/22/1997
(Incorporated under laws of) (Date authorized to do business in Florida)

08
JAN -7 PM 1:28
FILED
STATE
TALLAHASSEE, 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? 11/20/2002

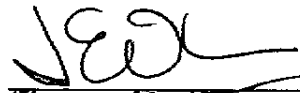
5. Presidio Excess Insurance Services, Inc.
(Name of corporation after the amendment, adding suffix "corporation" "company" or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

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)



(Signature of the chairman or vice chairman of the board, president, or any officer, or if the corporation is in the hands of a receiver, trustee, or other court-appointed fiduciary, by that fiduciary)

December 17, 2002
(Date)

Leonor de la Torre
(Typed or printed name)

Secretary
(Title)

State of California

SECRETARY OF STATE

CERTIFICATE OF FILING

I, BILL JONES, Secretary of State of the State of California, hereby certify:

That on the **20th day of November, 2002**, there was filed in this office an amendment changing the corporation name from **AON MANAGED CARE RISK & INSURANCE SERVICES, INC.**, a California corporation, to **PRESIDIO EXCESS INSURANCE SERVICES, INC.** I further certify, that according to the records of this office, said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of January 2, 2003.



Bill Jones

BILL JONES
Secretary of State

gb