F9800000454

| (Requestor's Name) | | | | | | | |
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| PICK-UP WAIT MAIL | | | | | | | |
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| (Business Entity Name) | | | | | | | |
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| Certified Copies Certificates of Status | | | | | | | |
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| Special Instructions to Filing Officer: | | | | | | | |
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COVER LETTER

| TO: | Amendment Section Division of Corporat | | | | | |
|-----------------------|--|--|----------------------------|---|----------------|--|
| SUBJ | ECT: | Avalon Ris | k Manag | ement, INC | <u>.</u> | |
| DOC | UMENT NUMBER: | | • | ,,,, | | |
| | nclosed Amendment a | | | ng. | | |
| Please | e return all correspond | ence concerning | this matter | to the followin | g: | |
| | | v A. Sutter | <u> </u> | | | |
| Av | alon Risk Managem Firm/ | ent Insurance A Company | Agency LL | <u>C</u> | | |
| | 150 Northwest P | oint BLVD, 4th | floor, | | | |
| | Elk Grove V City/State | illage, IL 60007 and Zip Code | 7 | | | |
| | complian E-mail address: (to be us | ce@avalonrisk ed for future annu | .com al report noti | fication) | | |
| For fi | urther information con- | cerning this matt | er, please c | all: | | |
| | Andrew A. Su Name of Contact Pe | utter rson | at (<u>847</u> Area Co | ode & Daytime | 700- Teleph | 8174 one Number |
| Enclo | sed is a check for the | following amour | ıt: | | | |
| ✓ | \$35.00 Filing Fee | \$43.75 Filing Fee & Certificate of Status | с | 43.75 Filing Fee & ertified Copy Additional copy is enclosed) | | \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) |
| Amer Divis P.O. | ng Address: adment Section ion of Corporations Box 6327 hassee, FL 32314 | | Clifton Bu 2661 Exec | nt Section f Corporations | ircle | |

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)

| | F9800000454 (Document number of corporation (if known) | | | | | | |
|----|--|--|--|--|--|--|--|
| 1 | Avalon Risk Management, INC. (Name of corporation as it appears on the records of the Department of State) | | | | | | |
| 2. | ILLINOIS 3 January 26, 1908: • | | | | | | |
| ۷. | ILLINOIS (Incorporated under laws of) SECTION II (4-7 COMPLETE ONLY THE APPLICABLE CHANGES) January 26, 1908: (Date authorized to do business in Plorida 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?November 11, 2009 | | | | | | |
| į | (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) | | | | | | |
| | 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) | | | | | | |
| - | Ann Brooks Secretary (Typed or printed name of person signing) (Title of person signing) | | | | | | |
| | | | | | | | |

| ART | RM BCA 10.30 FICLES OF AMENDMENT iness Corporation Act | | |
|-------------|--|---|--------------------------------------|
| Depa | retary of State artment of Business Services ngfield, IL 62756 | | |
| File | # <u>5975-410-6</u> | | |
| Аррі | roved: MJE | | |
| Filing | g Fee: \$50 | | |
| | FILED | | |
| No | ov 11, 2009 | | |
| | lesse White retary of State | | |
| | Corporate Name: AVALON RISK MANAGEMENT, INC. | | |
| ٦ | Manner of Adoption of Amendment: The following amendment to the Articles of Incorporation was adopted on in the manner indicated below: | Nov 11 Month & Day | , <u>2009</u> Year |
| | By the shareholders, in accordance with Section 10.20, a resolution of the and submitted to the shareholders. At a meeting of shareholders, not less by statute and by the Articles of Incorporation were voted in favor of the ar | than the minimum number of | en duly adopted of votes required |
| | By the shareholders, in accordance with Sections 10.20 and 7.10, a resetually adopted and submitted to the shareholders. A consent in writing has than the minimum number of votes required by statute and by the Articles consented in writing have been given notice in accordance with Section 7. | been signed by shareholders of Incorporation. Shareholde | having not less |
| \boxtimes | By the shareholders, in accordance with Section 10.20, a resolution of the adopted and submitted to the shareholders. A consent in writing has be to vote on this amendment. | e board of directors having b en signed by all the shareho | een duly olders entitled |
| ٧ | Text of Amendment: When amendment effects a name change, insert the New Corporate Name Article I: Name of the Corporation: | below. | |
| ř | KINGSWAY AMERICA AGENCY INC. | | |
| þ | The undersigned Corporation has caused these Articles to be signed by a penalties of perjury, that the facts stated herein are true and correct. Dated Nov 11 2009 | duly authorized officer who | affirms, under |
| _ | Month & Day Year | | |
| | Exact Name of the Corporation: AVALON RISK MANAGEMENT, INC. | | |
| - | KATHLEEN HOWIE | | · |
| | Authorized Officer's Signature | | |

THIS DOCUMENT MUST BE RECORDED IN THE OFFICE OF THE RECORDER OF THE COUNTY IN WHICH THE REGISTERED OFFICE OF THE CORPORATION IS LOCATED, AS PROVIDED BY SECTION 1.10 OF THE BUSINESS CORPORATION ACT OF THIS STATE, FOR FURTHER INFORMATION CONTACT YOUR COUNTY RECORDER OF DEEDS OFFICE.

Title

File Number

5975-410-6



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

KINGSWAY AMERICA AGENCY INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 08, 1998, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 0931601794

Authenticate at: http://www.cyberdriveillinois.com

In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 12TH

day of NOVEMBER

A.D.

2009

Desse White

SECRETARY OF STATE

Florida Secretary of State

To Whom It May Concern:

Please be advised that pursuant to an agreement which closed October 13, 2009 Avalon Risk Management Inc. an Illinois corporation, (Seller) with FEIN 36-4201541 has sold the renewal rights and certain tangible and intangible assets to Avalon Risk Management Insurance Agency LLC (Purchaser), including the trade names, trade styles logos and trademarks and service marks. The senior managers of Avalon Risk Management Inc. (Old Name) have become shareholders and officers of the Purchaser and continue to administer the business in transition on behalf of both parties.

In order to facilitate the smoothest transition possible Seller has agreed to change its name to make the Old Name or a comparable name available to Purchaser. Certain infrastructure and IT work is being prepared to support the transition. Purchaser with FEIN 20-1572094 wishes to change its name to <u>Avalon Risk Management Insurance Agency LLC.</u>, in order to preserve the maximum value of the acquired asset. Seller hereby consents to Purchaser's use of the Old Name or any name containing the words Avalon Risk Management or ARM and waives all conflict. Moreover upon the change of the name for Purchaser, Seller will cease doing business in Florida under the Old Name and will immediately file a name change to Kingsway America Agency, Inc. the application for which is attached hereto.

We hereby request that these changes be accomplished simultaneously as soon as possible.

Simultaneous actions as follows:

Initial registration for AVALON RISK MANAGEMENT INSURANCE AGENCY LLC (FEIN 20-1572094)

Name change AVALON RISK MANAGEMENT, INC. (FEIN 36-4201541) to KINGSWAY AMERICA AGENCY INC.

We realize that this is a complex issue and appreciate all expediency. Please contact the following with any questions or requests for additional information.

Andrew Sutter

Direct Phone: 847-700-8174
Direct Fax: 847-952-7020
Email: asutter@avalonrisk.com
150 Northwest Point BLVD, 4th Floor

Elk Grove Village, IL 60007