F98000003195

Florida Department of State
Division of Corporations
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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COR AMND/RESTATE/CORRECT OR O/D RESIGN
HARBOR POINT REINSURANCE U.S., INC.

Certificate of Status	0
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Page Count	05 5
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10 OCT 19 PM 4:19

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10/21/10

October 20, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HARBOR POINT REINSURANCE U.S., INC.
4 ESSEX AVENUE
SUITE 300
BERNARDSVILLE, NJ 07924

SUBJECT: HARBOR POINT REINSURANCE U.S., INC.
REF: F98000003195

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

PLEASE PROVIDE AN OFFICIAL CERTIFICATE FROM THE HOMESTATE EVIDENCING THE NAME CHANGE.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Darlene Connell
Regulatory Specialist II

FAX Aud. #: H10000229105
Letter Number: 710A00024776

RECEIVED
10 OCT 21 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

F98000003195
(Document number of corporation (if known))

1. Harbor Point Reinsurance U.S., Inc.
(Name of corporation as it appears on the records of the Department of State)

2. Connecticut
(Incorporated under laws of)

3. 06/05/1998
(Date authorized to do business in Florida)

10 OCT 19 PM 4:19

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? August 17, 2010

5. ALTERRA REINSURANCE USA 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.

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

Sheila Nugent Carter
(Typed or printed name of person signing)

Secretary
(Title of person signing)

STATE OF CONNECTICUT

INSURANCE DEPARTMENT

FILING #00004219806 PG 01 OF 38 VOL B-01435
FILED 08/17/2010 04:00 PM PAGE 02739
SECRETARY OF THE STATE
CONNECTICUT SECRETARY OF THE STATE

This is to Certify, that ***the Amended and Restated Certificate of Incorporation of Harbor Point Reinsurance U.S., Inc., with respect to the change of name to Alterra Reinsurance USA Inc., has been reviewed and approved.***

Witness my hand and official seal, at Hartford, CT
this 11th day of August, 2010

Insurance Commissioner

61-60
Rev. 2/94

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO HEREBY CERTIFY, that the Certificate of Amendment of **HARBOR POINT REINSURANCE U.S., INC.**, a Connecticut corporation, changing the name of the corporation to **ALTERRA REINSURANCE USA INC.**, was filed in this office on August 17, 2010.

Secretary of the State

Date Issued: October 19, 2010
pas