

M00000001720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

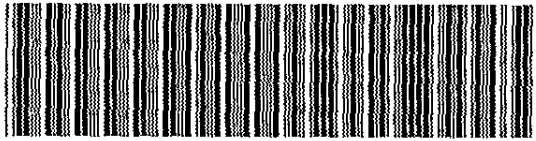
(Business Entity Name)

A-1720
(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
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STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

W4/9

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JAN -8 PM 1:01



ACCOUNT NO. : 072100000032
REFERENCE : 881044 4320171
AUTHORIZATION : *Tricia Pignato*
COST LIMIT : \$ 25.00

ORDER DATE : January 6, 2003
ORDER TIME : 11:18 AM
ORDER NO. : 881044-045
CUSTOMER NO: 4320171
CUSTOMER: Ms. Amy Cinquegrana
American International Group,
Floor 30th, 70 Pine Street
- Corporate
New York, NY 10270

FOREIGN FILINGS

NAME: CHAMBERBIZ INSURANCE AGENCY
SERVICES, LLC

XX LLC

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull -- EXT# 1115

EXAMINER: _____

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DIVISION OF CORPORATIONS
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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO
FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: Chamberbiz Insurance Agency Services, LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: August 28, 2000

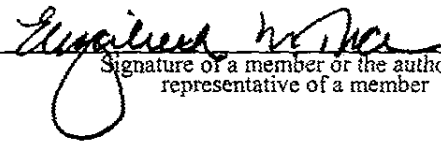
SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? 12/11/2002
5. New name of the limited liability company: Chamber Insurance Agency Services, LLC
6. If the amendment changes the period of duration, indicate new period of duration:

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: _____
9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

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Signature of a member or the authorized representative of a member

Elizabeth M. Tuck, Secretary of AIG CJV, Inc.
Typed or printed name of signee *50% Member*

Filing Fee: \$25.00

Delaware

PAGE 1

The First State

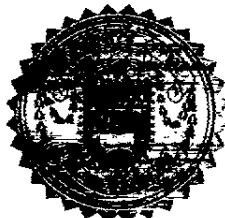
I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "CHAMBERBIZ INSURANCE AGENCY SERVICES, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "CHAMBER INSURANCE AGENCY SERVICES, LLC", THE ELEVENTH DAY OF DECEMBER, A.D. 2002, AT 1:30 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CHAMBERBIZ INSURANCE AGENCY SERVICES, LLC" WAS FORMED ON THE FOURTH DAY OF AUGUST, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE, NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THE OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

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DIVISION OF CORPORATIONS
03 JAN - 03 PM 1:01



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

3270407 8320

AUTHENTICATION: 2187778

030008448

DATE: 01-06-03