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Direct Line: 617-832-1478 Email: pbrylinsky@Homesite.com

March 8, 2005

Florida Dept. of State Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Homesite Insurance Company of Florida

Dear Sir/Madam:

Enclosed please find the original and one copy of an Articles of Amendment to Articles of Incorporation for the above-referenced company.

Please record this Amendment in your usual manner and return a date-stamped copy to me in the envelope provided.

Please do not hesitate to contact me should you have any questions or require additional information.

Sincerely,

Patricia R. Brylinsky Corporate Paralegal

Homesite Insurance Company of Florida

Enclosure

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Homesite Insurance Company of Florida				
DOCUMENT NUI	MBER:P0000011797	6		
The enclosed Articl	es of Amendment and fee ar	e submitted for filing.		
Please return all cor	respondence concerning this	s matter to the following:		
	Patricia R. B			
	(Name o	f Contact Person)		
	Homesite Ins	urance		
	(Fin	m/ Company)		
	99 Bedford S	treet		
	ı	(Address)		
	Boston, MA O	2111		
	(City/ Sta	ate/ and Zip Code)		
For further informat	tion concerning this matter,	please call:		
	Patricia Brylinsky	at (617) 832-147		
(Name	of Contact Person)	(Area Code & Daytime	Telephone Number)	
Enclosed is a check	for the following amount:			
\$35 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		Division of Corpor 409 E. Gaines Stre	Street Address Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399	

SECRETARY OF STATE

Articles of Amendment to Articles of Incorporation of

HOMESITE INSURANCE COMPANY OF FLORIDA

(Name of corporation as currently filed with the Florida Dept. of State)

P00000117976

(Document number of corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing): (Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.") AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC) ARTICLE I - NAME 313 North Monroe Street, Suite 200 Tallahassee, Florida 32301 is DELETED and REPLACED with the following: 301 South Bronough Street, Suite 200 Tallahassee, Florida 32301 (Attach additional pages if necessary) If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) N/A

(continued)

The date of each amendment(s) adoption: February 1, 2005			
Effective date if applicable: February 1, 2005			
(no more than 90 days after amendment file date)	•		
Adoption of Amendment(s) (CHECK ONE)			
The amendment(s) was/were approved by the shareholders. The number of we the amendment(s) by the shareholders was/were sufficient for approval.	otes cast for		
☐ The amendment(s) was/were approved by the shareholders through voting go following statement must be separately provided for each voting group entities separately on the amendment(s):			
"The number of votes cast for the amendment(s) was/were sufficient for	approval by		
(voting group)	٠.		
 The amendment(s) was/were adopted by the board of directors without share and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder shareholder action was not required. 			
Signature (By a director president or other officer - if directors or officers have not be selected, by an incorporator - if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)			
Anthony M. Scavongelli (Typed or printed name of person signing)			
Vice President and Secretary			
(Title of person signing)	4 FT 1		

FILING FEE: \$35