

PO4477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

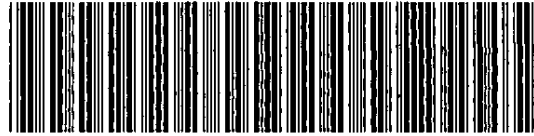
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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08 JUL 28 PM 3:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

TS

8015
6207



July 24, 2008

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

RE: Change of Name
AXA Corporate Solutions Reinsurance Company to
Coliseum Reinsurance Company

Dear Sir or Madam:

AXA Corporate Solutions Reinsurance Company, an accredited reinsurer in Florida, has changed its name to Coliseum Reinsurance Company. Our state of domicile approved the new name, effective April 21, 2008, and issued a new Certificate of Authority. We also amended our Amended and Restated Certificate of Incorporation and amended our Bylaws.

To change our name with the Florida Secretary of State's office, the following items are attached:

- A check for \$35
- Cover Letter
- Application by Foreign Profit Corporate to File Amendment to Application for Authorization to Transact Business in Florida
- A copy of the amended Certificate of Incorporation, Certified by the Delaware Secretary of State

We have already submitted a name change application to the Florida Department of Financial Services.

Very truly yours,

A handwritten signature in cursive script that reads "Linda Gross".

Linda Gross
Assistant Vice President
(212) 658-8743
(212) 658-8780
Gross@AXA-Liabilitiesmanagers.com

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AXA Corporate Solutions Reinsurance Company
(Name of Corporation)

DOCUMENT NUMBER: _____

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Linda Gross
(Name of Contact Person)

AXA Corporate Solutions Reinsurance Company
(Firm/Company)

17 State Street
(Address)

New York, NY 10004
(City/State and Zip Code)

For further information concerning this matter, please call:

Linda Gross at (212) 658-8743
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input checked="" type="checkbox"/> \$35.00 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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. AXA Corporate Solutions Reinsurance Company

(Name of corporation as it appears on the records of the Department of State)

2. Delaware

(Incorporated under laws of)

3. October 1, 1982

(Date authorized to do business in 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? April 21, 2008

5. Coliseum Reinsurance Company

(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.

N/A

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

N/A

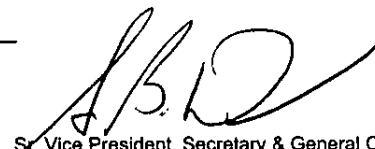
(New jurisdiction)

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)

Susan B. Wilcher

(Typed or printed name of person signing)



Sr. Vice President, Secretary & General Counsel

(Title of person signing)

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TALLAHASSEE FLORIDA

Applicant Name: Coliseum Reinsurance Company
f/k/a AXA Corporate Solutions Reinsurance Company

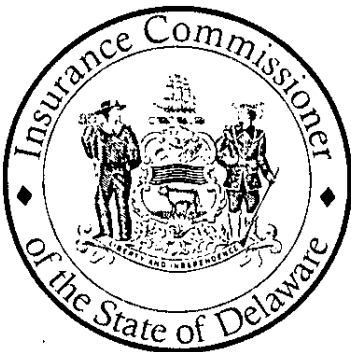
NAIC No. 36652
FEIN: 36-2994662

Uniform Certificate of Authority Application (UCAA)
Certificate of Compliance

State of Delaware

Office of Insurance Commissioner

I, Matthew Denn, hereby certify that I am the Insurance Commissioner of the State of Delaware and have supervision of insurance business in said State and as such I hereby certify that Coliseum Reinsurance Company, f/k/a AXA Corporate Solutions Reinsurance Company of Wilmington, Delaware is duly organized under the laws of said State and is authorized to transact the business of Health, Property, Surety, Marine & Transportation, Casualty, including: Vehicle, Liability, Burglary & Theft, Personal Property Floater, Glass, Boiler & Machinery, Credit, Workers' Compensation & Employers' Liability, Leakage & Fire Extinguisher Equipment, Malpractice, Elevator, Congenital Defects, Livestock, Entertainments and Miscellaneous insurance in this State.



In Witness Whereof, I have hereunto set my hand and affixed the official seal of this Department at the City of Dover, this 27th day of May, 2008.

Matthew Denn
Insurance Commissioner

- * Insurance Commissioner, Officer or Superintendent of Insurance authorized to certify to the insurance business within the domiciliary state.
- ** Lines of Insurance as shown on Form 3 of UCAA