P12593

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



800188754868

12/17/10--01027--019 **52.50

11 JAN -6 PH 2: 33



COVER LETTER

TO:	Amendment Section Division of Corporations						
SUBJECT: Imperium Insurance Company Name of Corporation							
DOC	DOCUMENT NUMBER: P12593						
	nclosed Amendment and fee are sub	mitted for filing.					
Please	e return all correspondence concerni	ng this matter to the following:					
	Marlene Santos-Rosari Name of Contact Person	0					
	Imperium Insurance Comp	pany					
	120 West 45th Street, 36th Address	Floor					
	New York, New York 100 City/State and Zip Code	036					
Ē	mrosario@delosinsura E-mail address: (to be used for future an	nce.com nual report notification)					
For fu	arther information concerning this m	atter, please call:					
	Marlene Santos-Rosario Name of Contact Person	at (212) 702-3709 Area Code & Daytime Telephone Number					
Enclo	sed is a check for the following amo	ount: Fax 302 9279					
	\$35.00 Filing Fee \$43.75 Filing Fee Certificate of Sta	& \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)					
Amen Divisi P.O. I	ng Address: Idment Section Idment Corporations Box 6327 Inassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 21, 2010

MARLENE SANTOS-ROSARIO 120 W 45 ST 36 FLOOR NEW YORK, NY 10036

SUBJECT: DELOS INSURANCE COMPANY

Ref. Number: P12593

We have received your document for DELOS INSURANCE COMPANY and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A foreign corporation which has changed its name, duration, jurisdiction, or purpose (nonprofit corporation only), should file an amended application. The amendment should be filed after the occurence of such a change within 30 days for a not for profit corporation and within 90 days for a profit corporation. The form should be accompanied by an original certificate from the domicile state issued within the past 90 days evidencing the change and a filing fee of \$35.

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

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 010A00029475

1611

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)

	_ P12593			
(Documer	nt number of corporation (if	known)		
Delos Insurance Company				
(Name of corporation as i	t appears on the records of t	the Department of State)		
2. Delaware (Incorporated under laws of)	3	December 19, 1986 Date authorized to do business in Flo) prida)	
	SECTION II E ONLY THE APPLICAB	ŕ		
4. If the amendment changes the name of the co	•	•	iws of	
its jurisdiction of incorporation? Effective	re December 30, 201	0		
5. Impe (Name of corporation after the amendment, a appropriate abbreviation, if not contained in	rium Insurance Comp adding suffix "corporate n new name of the corp	pany ion," "company," or "incorpor oration)	rated," or	
	N/A	•		
(If new name is unavailable in Florida, enter a business in Florida)	alternate corporate nam	ne adopted for the purpose of t	ransacting,	- :
6. If the amendment changes the period of dura	ition, indicate new perio	od of duration.	THE SAME	Û. LWC
-	N/A (New duration)		45	3
7. If the amendment changes the jurisdiction of	•	new jurisdiction.		7
	N/A (New jurisdiction)	<u> </u>	•	
8. Attached is a certificate or document of simil 90 days prior to delivery of the application to having custody of corporate records in the justice of director, president or other off of a receiver or other court appointed fiducial	lar import, evidencing to the Department of States is a constitution under the law	the amendment, authenticated ite, by the Secretary of State of vs of which it is incorporated.	not more th	ian cial
Marlene Santos-Rosario (Typed or printed name of person signing		Assistant Secretary (Tills of person signing)		

Delaware

PAGE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT

COPY OF THE CERTIFICATE OF AMENDMENT OF "DELOS INSURANCE

COMPANY", CHANGING ITS NAME FROM "DELOS INSURANCE COMPANY" TO

"IMPERIUM INSURANCE COMPANY", FILED IN THIS OFFICE ON THE TENTH

DAY OF DECEMBER, A.D. 2010, AT 3:01 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE THIRTIETH DAY OF DECEMBER, A.D. 2010.

0845999 8100

101174623

AUTHENT CATION: 8418228

DATE: 12-10-10

State of Delaware Secretary of State Division of Corporations Delivered 03:12 PM 12/10/2010 FILED 03:01 PM 12/10/2010 SRV 101174302 - 0845999 FILE

STATE OF DELAWARE CERTIFICATE OF AMENDMENT OF CERTIFICATE OF INCORPORATION

The corporation organized and existing under and by virtue of the General Corporation Law of the State of Delaware does hereby certify:

FIRST: That by unanimous written consent of the Board of Directors of <u>Delos</u>
<u>Insurance Company</u>, resolutions were duly adopted setting forth proposed amendment of
the Certificate of Incorporation of said corporation, declaring said amendment to be
advisable and calling a meeting of the stockholders of said corporation for consideration
thereof. The resolution setting forth the proposed amendment is as follows:

RESOLVED, the Certificate of Incorporation of this corporation be amended by changing the Article thereof numbered "1" so that, as amended, said Article shall be and read as follows:

"1. The name of the corporation is Imperium Insurance Company."

SECOND: That thereafter, pursuant to resolution of its Board of Directors, a special meeting of the stockholders of said corporation was duly called and held upon notice in accordance with Section 222 of the General Corporation Law of the State of Delaware at which meeting the necessary number of shares as required by statute were voted in favor of the amendment.

TETED: That said amendment was duly adopted in accordance with the provisions of Section 242 of the General Corporation Law of the State of Delaware.

FOURTH: The effective date of this Certificate of Amendment is December 30, 2010.

IN WITNESS WHEREOF, said curporation has caused this certificate to be signed 9th day of December, 2010.

Authorized Officer

Title: President

Name: Bryan T McCully Print or Type AAAAAAAAAAAAAAAAAAAAAAAA

Nº 5137 P

State of Melaware

Annual Continuation Fee \$100.00



Department of Insurance

Certificate of Authority to Insurance Company

This Certifies that subject to and in accordance with the laws of this State.

The IMPERIUM INSURANCE COMPANY	
2711 Centerville Road, Suite 400	, Wilmington, DE 19808
of Administrative Office: 120 West 45t	h Street, 36th Floor, New York, NY
Incorporated or Organized on November 18, 1	977 Delaware 10036
as a Stock	insurer is hereby authorized to transact the business of
Health, Property, Surety, Marine & Tran	
Vehicle, Liability, Burglary & Theft, F	ersonal Property Floater, Glass,
Boiler & Machinery, Credit, Workers' Co	mpensation & Employers' Liability,
Leakage & Fire Extinguisher Equipment,	Malpractica, Elevator, Congenital
Defects, Livestock, Entertainments and	Miscellaneous
of Authority is the property of the State of Delaware	

1, Karen Weldin Stewart, Insurance Commissioner of the State of Delaware, do hereby certify that CERTIFIED CERTIFICATE OF AMENDMENT CERTIFICATE OF INCORPORATION

IMPERIUM INSURANCE COMPANY the attached Certificate of Amendment of Certificate of Incorporation of

as filed with the Delaware Secretary of State on December 10, 2010 to be effective December 30, 2010, and affixed the official seal of this Department at the In Bitness Bhereof, I have hereunto set my hand City of Dover, this 7th day of January, 2011. is a true and correct copy of the document on file with this Department.





I, Karen Weldin Stewart, Insurance Commissioner of the State of Delaware, do hereby certify that CERTIFIED CERTIFICATE OF AUTHORITY

the attached Delaware Certificate of Authority No. 5137P, dated December 30, 2010, issued to the

FINA DELOS INSURANCE COMPANY

IN WITNESS WHEREOF, I have hereunto set my hand and affixed is a true and correct copy of the document on file with this Department.

the official seal of this Department at the City of Dover, this 30th day Karen Weldin Stewart, CIR-ML of December, 2010.





Insurance Commissioner