P25810

(Re	equestor's Name)	
(Ac	idress)	
•		
	Ta3	
(AC	ldress)	
(Ci	ty/State/Zip/Phone #)
PICK-UP	MAIT WAIT	MAIL
	ısiness Entity Name)	
Ja)	isiness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
r		
Special Instructions to	Filing Officer:	Ī
		ļ
•		ſ
		{
		Ì
		ſ
		

Office Use Only



700064369877

62/06/06 - 01019---005 - *#25.00

06 FEB -8 AM 9: 31

SECRETARY OF STATE ON STATE OF CORPCRATIONS

152/1/06



ANGELA C. POWELL DIRECT DIAL: (513) 639.3860 FACSIMILE: (513) 579.6457 E-MAIL: APOWELL@KMKLAW.COM

February 7, 2006

Florida Department of State Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

RE:

Application by Foreign Profit Corporation to File Amendment to

Application for Authorization to Transact Business in Florida

Dear Sir or Madam:

Enclosed please find a copy of the Application by Foreign Profit Corporation to File Amendment to Application for Authorization to Transact Business in Florida of TICO Insurance Company, to be filed pursuant to Section 607.1504 of the Florida Statutes. Also enclosed please find our firm check in the amount of \$35.00 to cover the cost of the filing fee.

Please return the file stamped copy to my attention at your earliest convenience. Thank you for your assistance in this matter. Please call me with any questions or comments.

Very truly yours, United (Howell

Angela C. Powell, Paralegal

Enclosure

1586416.1

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: TICO Insurance Compa	ny of Corporation)
DOCUMENT NUMBER: P25816	
The enclosed Amendment and fee are submi	tted for filing.
Please return all correspondence concerning	this matter to the following:
Angela C. Powell (Name of Contact Person)	
Keating Muething & Klekamp (Firm/Company)	PLL
One East Fourth Street, Sui	te 1400
Cincinnati, Ohio 45202 (City/State and Zip Code)	
For further information concerning this matt	er, please call:
Angela Powell (Name of Contact Person)	at (513) 639.3860 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amoun	t:
\$35.00 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & S52.50 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	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)

	nown)
P25816	1
(Document number of corporation (if kn	nown)
	*
1.TICO Insurance Company	
(Name of corporation as it appears on the records of the	Department of State)
Ohio	unt 20, 1090
2. Ohio (Incorporated under laws of) 3. Augu	ust 29, 1989 te authorized to do business in Florida)
(Du	to do outmost in 1 ionaa,
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? January 12, 2006	
	
5 Infinity Assurance Insurance Company	
(Name of corporation after the amendment, adding suffix "corporation appropriate abbreviation, if not contained in new name of the corpor	n," "company," or "incorporated," or
appropriate approvation, it not contained in now manner of size cosper	
(If new name is unavailable in Florida, enter alternate corporate name	adopted for the purpose of transacting
business in Florida)	adopted for the purpose of transacting
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 n	lew jurisdiction.
(New jurisdiction)	
(14ew Jurisdiction)	
$M/M\Lambda$	
(Signature of a director, president or other officer - if in the hands	
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	
Samuel J. Simon	Senior Vice President and Secretary (Title of person signing)
CLADED OF DEDICA NAME OF DESCON SIGNIBULE	FILLE IN DELSON MUNICIPAL

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show a Certificate of Amendment of TICO INSURANCE COMPANY, an Ohio Corporation, Charter No. 787551, changing its corporate title to: INFINITY ASSURANCE INSURANCE COMPANY, was filed January 12, 2006. Said Corporation, INFINITY ASSURANCE INSURANCE COMPANY, an Ohio Corporation, Charter No. 787551, having its principal location in Cincinnati, County of Hamilton, was incorporated on December 31, 1990, is in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 2nd day of February, A.D. 2006.

Ohio Secretary of State