

P 26492

Florida Department of State
Division of Corporations
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BASIC AMENDMENT

CENTRIS INSURANCE COMPANY

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Florida Dept of State

NO.793

002



FLORIDA DEPARTMENT OF STATE

Glanda B. Hood
Secretary of State

December 7, 2004

CENTRIS INSURANCE COMPANY
13403 NORTHWEST FWY.
ATTN: LEGAL DEPT.
HOUSTON, TX 77040US

SUBJECT: CENTRIS INSURANCE COMPANY
REF: P26492

PLEASE GIVE ORIGINAL SUBMISSION
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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name on our records reads Centris Insurance Company and your certificate reads CENTRID Insurance Company. Line 4 should be corrected to read 09-19-2004 as it states on Certificate from Indiana. You will need to request a New Certificate from the State of Indiana.

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) 245-6908.

Anna Chesnut
Document Specialist

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Division of Corporations - P.O. BOX 6927 - Tallahassee, Florida 32314

H04000240181

**PROFIT CORPORATION
 APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO
 APPLICATION FOR AUTHORIZATION TO TRANACT BUSINESS IN FLORIDA
 (Pursuant to s. 607.1504, F.S.)**

**SECTION I
 (1-3 MUST BE COMPLETED)**

P28482
 (Document number of corporation (if known))

1. Centris Insurance Company
 (Name of corporation as it appears on the records of the Department of State)

2. Indiana (Incorporated under laws of) 3. 10/18/1988 (Date authorized to do business in Florida)

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**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? 08/18/2004

5. HCC Insurance 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)

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 new jurisdiction.

 (New jurisdiction)

Michael J. Schell
 (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)
Michael J. Schell
 (Typed or printed name of person signing)

November 30, 2004
 (Date)
President
 (Title of person signing)

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**STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE
CERTIFICATE OF FACT**

To Whom These Presents Come, Greeting:

I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the state of Indiana, the custodian of corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

HCC INSURANCE COMPANY

Changed its name from CENTRIS INSURANCE COMPANY to HCC INSURANCE COMPANY on 09/16/2004.



In Witness Whereof, I have herunto set my hand and affixed the seal of the state of Indiana, at the City of Indianapolis, this Wednesday, December 08, 2004

TODD ROKITA, Secretary of State

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