P38681

# Florida Department of State
## Division of Corporations
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TALLAHASSEE, FLORIDA

# COR AMND/RESTATE/CORRECT OR O/D RESIGN

## THE MEDICAL ASSURANCE COMPANY, INC.

RECEIVED
2009 MAR 12 AM 8:00
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TALLAHASSEE, FLORIDA

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|---|---|
| Certificate of Status | 0 |
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T. Roberts MAR 12 2009

# 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.)

FILED
09 MAR 12 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

P38681
(Document number of corporation (if known))

1. The Medical Assurance Company, Inc.
(Name of corporation as it appears on the records of the Department of State)

2. Alabama
(Incorporated under laws of)

3. 05/06/1992
(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? 12/10/2008

5. ProAssurance Indemnity Company, Inc.
(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.

(New duration)

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

(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.

Kathryn A. Neville
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Kathryn A. Neville
(Typed or printed name of person signing)

Secretary
(Title of person signing)

Beth Chapman
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

# STATE OF ALABAMA

**I, Beth Chapman, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that**

the domestic corporate records on file in this office disclose that The Medical Assurance Company, Inc., an Alabama corporation, incorporated in Jefferson County on October 1, 1976; that an amendment was filed on December 10, 2008 changing the name to ProAssurance Indemnity Company, Inc. I further certify that the records do not disclose that said ProAssurance Indemnity Company, Inc. has been dissolved.

**In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.**

03/10/09

**Date**

Beth Chapman

**Beth Chapman** **Secretary of State**