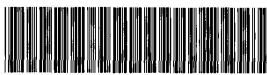
95000018130

(Requestor's Name)	
(Address)	900137462
(Address) (City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	11/05/0801004
(Business Entity Name)	
(Document Number)	TALL
Certified Copies Certificates of Status	AHĀSSĒE, FLORIDA
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EXAMINER

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Requester's Name	4.	
215 5 Minvoe St.	Ste. 701	
Tallahassee, FL 32	304 729 7593	
City/State/Zip	Phone #	
	–	Office Use Only
RPORATION NAME(S) 8	DOCUMENT NUMBI	ER(S), (if known):
(Corporation Name)	(Docu	ment #)
(Corporation Name)	(Docu	ment #)
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(Corporation Name)	(Docu	ment #)
(Corporation Name)	(Docu	ment #)
☐ Walk in ☐ Pick up		Certified Copy
'	it Photocopy	~_/
EW FILINGS	<u>AMENDME</u>	<u>ents</u>
Profit	Amendn	
Not for Profit Limited Liability		ion of R.A., Officer/Director of Registered Agent
Domestication Other	Dissolut	ion/Withdrawal
	⊢	,
THER FILINGS	<u>REGISTRA</u>	<u> TION/QUALIFICATION</u>
Annual Report Fictitious Name	Foreign Limited	Partnership
	Reinstate	ement
	☐ Tradema☐ Other	тк
		English and Fig. 1
3031(7/97)		Examiner's Initials

APPHOVED

Articles of Amendment to Articles of Incorporation

ROUT 4 2000

Decketed by: Tam

of .	Occusion of [all]
AMCOMP PREFERRED INSURAN	ICE COMPANY
(Name of Corporation as currently filed with t	he Florida Dept. of State)
P95000018130	
(Document Number of Corporation	on (if known)
Pursuant to the provisions of section 607.1006, Florida Statut following amendment(s) to its Articles of Incorporation:	es, this Florida Profit Corporation adopts the
A. If amending name, enter the new name of the corporation	Li
EMPLOYERS PREFERRED INSUR	
The new name must be distinguishable and contain the "incorporated" or the abbreviation "Corp.," "Inc.," or Co., "Co". A professional corporation name must contain association," or the abbreviation "P.A."	" or the designation "Corp," "Inc," or
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	NO CHANGE

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:	NO CHANGE	···
	NO CHANGE	
New Registered Office Address:	(Florida street address)	
_	NO CHANGE	, Florida
	(City)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

NO CHANGE

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

<u>Title</u>	Name	Address	Type of Action
	SEE ATTACHED LIST		Add Remove
<u>_</u>			Add Remove
(attach ad N/A	dditional sheets, if necessary). (Be spe	cijic)	

provisio	nendment provides for an exchange, re ons for implementing the amendment i ot applicable, indicate N/A)		
N/A			

EMPLOYERS PREFERRED INSURANCE COMPANY

(formerly AmCOMP Preferred Insurance Company)

Directors to be Removed

Fredrick Ross Lowe 701 U.S. Highway 1, Suite 200

North Palm Beach, FL 33408

Debra Jane Cerre-Ruedisili 701 U.S. Highway 1, Suite 200

North Palm Beach, FL 33408

Sam Alexander Stephens 701 U.S. Highway 1, Suite 200

North Palm Beach, FL 33408

Kenneth Alan Dean 701 U.S. Highway 1, Sulte 200

North Palm Beach, FL 33408

Lawrence Lloyd Layman, Jr. 701 U.S. Highway 1, Suite 200

North Palm Beach, FL 33408

Ray Young 701 U.S. Highway 1, Suite 200

North Palm Beach, FL 33408

Albert William Torchia 701 U.S. Highway 1, Suite 200

North Palm Beach, FL 33408

Directors to be Added

Robert John Kolesar Employers Insurance Company of Nevada Chairman of the Board

10375 Professional Circle

Reno, NV 89521

Douglas Dean Dirks Employers Insurance Company of Nevada Member of the Board

10375 Professional Circle

Reno, NV 89521

Lenard Thomas Ormsby Employers Insurance Company of Nevada Member of the Board

10375 Professional Circle

Reno, NV 89521

William Eric Yocke Employers Insurance Company of Nevada Member of the Board

10375 Professional Circle

Reno, NV 89521

Martin Jay Welch Employers Insurance Company of Nevada

Member of the Board 10375 Professional Circle

Reno, NV 89521

The date of each amendment(s) adoption:	October 31, 2008
Effective date <u>if applicable</u> :	October 31, 2008
(no more than 90 d	days after amendment file date)
Adoption of Amendment(s) (CHEO	CK ONE)
The amendment(s) was/were adopted by the sh by the shareholders was/were sufficient for app	areholders. The number of votes cast for the amendment(sproval.
	chareholders through voting groups. The following statement oup entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment	nent(s) was/were sufficient for approval
by	,,
(voting group)	
The amendment(s) was/were adopted by the be action was not required.	oard of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the in action was not required.	corporators without shareholder action and shareholder
Dated October 31, 200	<u>B</u>
Signature	
	t or other officer - if directors or officers have not been rator - if in the hands of a receiver, trustee, or other court that fiduciary)
·	Michael T. Stock
(Турес	d or printed name of person signing)
Senior Vice Pr	esident, General Counsel & Secretary

(Title of person signing)