

835058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

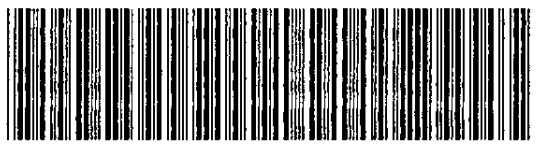
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/15/11--01015--012 **35.00

Handwritten signature and date: 5/12/11

2011 MAY -3 PM 12:55
FILED
MILLERSVILLE, PA



May 3, 2011

Ms. Sylvia Gilbert
Regulatory Specialist II
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Change of Name
AXA Re Property and Casualty Insurance Company to
Mosaic Insurance Company
Ref. Number: 835058

Dear Ms. Gilbert:

On March 10, 2010 we submitted an application to change the name of our company. Our application was rejected on March 16, 2011 because we did not include a certified document from Delaware (our state of domicile) evidencing the name change.

I called 2 weeks ago and was told that we must resubmit the application regarding our name change submission.

I am submitting the following documents:

- Application by Foreign Profit Corporation to File Amendment to Application for Authorization to Transact Business in Florida
- A copy of the Certificate of Amendment of Certificate of Incorporation, certified by the Delaware Insurance Department
- A Certificate of Compliance issued by the Delaware Insurance Department showing our new and old names, dated January 3, 2011.
- A copy of your letter dated March 16, 2011

I realize that the certification from our home state must be less than 90 days old. However, I was told that I can resubmit the Certificate of Compliance because it was less than 90 days old when originally submitted.

A copy of my March 10, 2011 letter is attached for reference.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AXA Re Property and Casualty Insurance Company
Name of Corporation

DOCUMENT NUMBER: _____

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Linda Gross
Name of Contact Person

AXA Liabilities Manager
Firm/Company

17 State Street
Address

New York, NY 10004
City/State and Zip Code

Linda.Gross@axa-lm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda Gross at (212) 658-8743
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$35.00 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 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.)

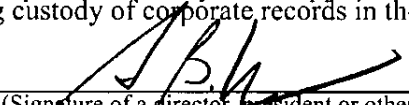
SECTION I
(1-3 MUST BE COMPLETED)

2011 MAY -3 PM 12:55
STATE OF FLORIDA
DEPARTMENT OF STATE

- _____
(Document number of corporation (if known))
1. AXA Re Property and Casualty Insurance Company
(Name of corporation as it appears on the records of the Department of State)
2. Delaware 3. September 22, 1975
(Incorporated under laws of) (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? September 21, 2010
5. Mosaic 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)
- _____
(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.
N/A
(New duration)
7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.
N/A
(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.



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

Susan B. Wilcher
(Typed or printed name of person signing)

General Counsel & Secretary
(Title of person signing)

Delaware

PAGE 1

The First State

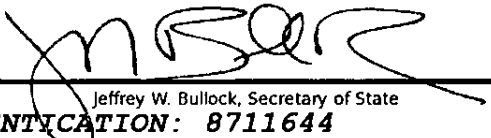
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "AXA RE PROPERTY & CASUALTY INSURANCE COMPANY", CHANGING ITS NAME FROM "AXA RE PROPERTY & CASUALTY INSURANCE COMPANY" TO "MOSAIC INSURANCE COMPANY", FILED IN THIS OFFICE ON THE TWENTY-FIRST DAY OF SEPTEMBER, A.D. 2010, AT 8 O'CLOCK A.M.

0773891 8100

110366352

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8711644

DATE: 04-21-11