

F 98000003195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

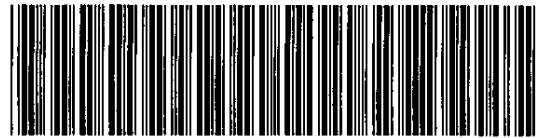
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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6/27/09
6/27/09
6/27/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Quadrant Indemnity Company
(Name of Corporation)

DOCUMENT NUMBER: F98000003195

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dana L. Loguidice
(Name of Contact Person)

Dewey & LeBoeuf LLP
(Firm/Company)

125 West 55th Street
(Address)

New York, NY 10019
(City/State and Zip Code)

For further information concerning this matter, please call:

Dana L. Loguidice at (212) 424-8230
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 22, 2007

WAYNE C PAGLIERI
4 ESSEX AVE
BERNARDSVILLE, NJ 07924

2ML

SUBJECT: QUADRANT INDEMNITY COMPANY
Ref. Number: F98000003195

We have received your document for QUADRANT INDEMNITY COMPANY and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A foreign corporation which has changed its name, duration, jurisdiction, or purpose (nonprofit corporation only), should file an amended application. The amendment should be filed after the occurrence of such a change within 30 days for a not for profit corporation and within 90 days for a profit corporation. The form should be accompanied by an original certificate from the domicile state issued within the past 90 days evidencing the change and a filing fee of \$35.

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) 245-6927.

Tracy Smith
Document Specialist

Letter Number: 707A00060147

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)

F98000003195

(Document number of corporation (if known))

1. Quadrant Indemnity Company

(Name of corporation as it appears on the records of the Department of State)

2. Connecticut

(Incorporated under laws of)

3. June 5, 1998

(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? April 17, 2007

5. Harbor Point Reinsurance U.S., 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.

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.

Sheila Nugent Carter - Assist. Sec.

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

Sheila Nugent Carter
(Typed or printed name of person signing)

Assistant Secretary
(Title of person signing)

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TALLAHASSEE FLORIDA

**STATE OF CONNECTICUT****INSURANCE DEPARTMENT**

FILING #0003435234 PG 03 OF 06 VOL B-01030
FILED 04/17/2007 02:57 PM PAGE 00869
SECRETARY OF THE STATE
CONNECTICUT SECRETARY OF THE STATE

This is to Certify, that *the Articles of Amendment of Certificate of Incorporation of Quadrant Indemnity Company, with respect to the change of name to Harbor Point Reinsurance U.S., Inc., has been reviewed and approved.*

Witness my hand and official seal, at Hartford, CT
this 12th day of April, 2007

Ausan F. Cogswell

Insurance Commissioner

Certificate of Authority and Compliance