

SECRETARY OF THE STATE OF CONNECTICUT

MAILING ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, P.O. BOX 150470, HARTFORD, CT 06115-0470

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PHONE: 860-509-6003

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CERTIFICATE OF REDOMESTICATION FROM CONNECTICUT

INSURANCE COMPANY REDOMESTICATION

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 81/2 X 11 SHEETS IF NECESSARY.

FILING PARTY (CONFIRMATION WILL BE SE	ENT TO THIS ADDRESS):	FILING FEE: \$100
		MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"
NAME:		
ADDRESS:		
CITY:		
STATE:	ZIP:	
1. NAME OF CONNECTICUT INSURANCE COMPANY:		
2. STATE TO WHICH THE INSURANCE COMPANY IS REDOMESTICATING:		
3. APPROVALS:		
THE CORPORATION'S REDOMESTICATION WAS APPROVED BY THE INSURANCE COMMISSIONER OF		
THE STATE OF CONNECTICUT AS DEMONSTRATED BY SUCH COMMISSIONER'S CERTIFICATE OF		
APPROVAL INCLUDED HEREWITH.		
THE CORPORATION'S REDOMESTICATION FROM CONNECTICUT WAS FURTHER APPROVED BY THE		
INSURANCE COMMISSIONER OF THE STATE OF		
(STATE TO WHICH CORPORATION IS REDOMESTICATING)		
4. VOTE INFORMATION: (Check and complete A. Or B.)		
(A) THE INSURANCE COMPANY HAS AUTHORITY TO ISSUE CAPITAL STOCK. THE RESOLUTION OF REDOMESTICATION WAS ADOPTED BY ITS BOARD OF DIRECTORS AND APPROVED BY ITS SHAREHOLDERS AS FOLLOWS (PROVIDE AT MINIMUM THE TOTAL NUMBER OF SHAREHOLDER VOTES CAST IN FAVOR OF THE RESOLUTION AND THE TOTAL NUMBER OF VOTES CAST AGAINST THE RESOLUTION OR, IF NO SHAREHOLDER APPROVAL WAS REQUIRED, PROVIDE A STATEMENT TO THAT EFFECT).		
(B) THE CORPORATION IS A MUTUAL INSURANCE COMPANY. THE RESOLUTION OF REDOMESTICATION WAS ADOPTED BY ITS BOARD OF DIRECTORS AND APPROVED BY ITS MEMBERS AS FOLLOWS (PROVIDE AT MINIMUM THE TOTAL NUMBER OF MEMBER VOTES CAST IN FAVOR OF THE RESOLUTION AND THE TOTAL NUMBER OF VOTES CAST AGAINST THE RESOLUTION OR, IF NO MEMBERSHIP APPROVAL WAS REQUIRED, PROVIDE A STATEMENT TO THAT EFFECT).		
5. EXECUTION (SUBJECT TO PENALTY OF F	FALSE STATEMENT):	
DATED THIS	DAY	,20
NAME OF SIGNATORY (print/type)	CAPACITY/TITLE OF SIGNATORY	SIGNATURE

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