

State of Idaho

Department of State

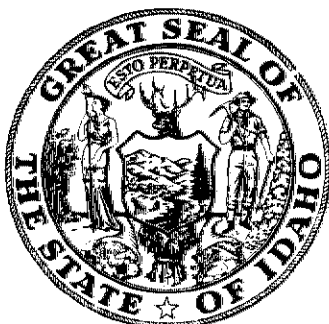
AMENDED CERTIFICATE OF AUTHORITY OF

NATIONS' CARE, INC.
File Number C 105023

I, PETE T. CENARRUSA, Secretary of State of the State of Idaho, hereby certify that duplicate originals of an Application of NATIONS' CARE, INC. for an Amended Certificate of Authority to transact business in this State, duly executed pursuant to the provisions of the Idaho Business Corporation Act, have been received in this office and are found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Amended Certificate of Authority to ALTERNATIVE RISK TRANSFER INSURANCE STRATEGIES, INC. to transact business in this State under the name ALTERNATIVE RISK TRANSFER INSURANCE STRATEGIES, INC. and attach hereto a duplicate original of the Application for such Amended Certificate.

Dated: August 4, 1997



Pete T. Cenarrusa
SECRETARY OF STATE

By

Anna Sipe

APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY

97 AUG -4 PM 3:24
STATE OF IDAHO

To the Secretary of State of the State of Idaho:

Pursuant to Section 30-1-118, Idaho Code, the undersigned Corporation hereby applies for an amended certificate of authority to transact business in the State of Idaho and for that purpose submits the following statement.

1. A Certificate of Authority was issued to the corporation by your office on February 1 19 94,
authorizing it to transact business in the State of Idaho under the name of Nations' Care, Inc.

2. Its corporate name has been changed to Alternative Risk Transfer Insurance Strategies,
Inc.

(Note: If the corporation name has not been changed, insert "No change.")

3. The name which it shall use hereafter in the State of Idaho is _____

4. It desires to pursue in the transaction of business in the State of Idaho purposes other than or in addition to
those set forth in its prior application for certificate of authority, as follows: No Change

(Note: If no additional purposes are proposed, insert "No change.")

Dated 23 July '97 Alternative Risk Transfer Insurance Strategies, Inc.
(Corporation Name)

By James W. Webb.
Its President, Vice President, Secretary, or Assistant Secretary
(please specify)

James W. Webb

Submit application and filing fee to:

Office of the Secretary of State
Division of Corporations
700 West Jefferson
PO Box 83720
Bouse, Idaho 83720-0080

File two copies.

If a name change, attach certificate of fact from state of incorporation
Fee: \$30.00

Secretary of State

CACA

08/05/1997 09:00
CK: 105040024 CT: 3590 BH: 26922

1 @ 30.00 = 30.00 AMEND CERT

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State,
and keeper of the seal thereof, DO HEREBY CERTIFY, that

NATIONS' CARE, INC.

a STOCK corporation under the Connecticut General Statutes was filed
in this office on November 17, 1993. The following comprises a list of
amendments changing its name as filed in this office as of the date of
this certificate:

AMENDMENTS CHANGING THE NAME TO

ALTERNATIVE RISK TRANSFER INSURANCE STRATEGIES, INC.

File Date: July 11, 1997

File Time: 12:13 PM

Effective Date: July 11, 1997

Effective Time: 12:13 PM

Insofar as the records of this office reveal, the corporation is in
existence.



Secretary of the State

Date Issued: July 25, 1997

97 AUG 14 PM 3:24
STATE OF CONNECTICUT