

**TRADEMARK ASSIGNMENT**

Electronic Version v1.1  
 Stylesheet Version v1.1

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	CHANGE OF NAME		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
MultiNational Underwriters, LLC		07/01/2009	LIMITED LIABILITY COMPANY:
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	HCC Medical Insurance Services, LLC		
<b>Street Address:</b>	251 North Illinois Street, Suite 600		
<b>City:</b>	Indianapolis		
<b>State/Country:</b>	INDIANA		
<b>Postal Code:</b>	46204		
<b>Entity Type:</b>	LIMITED LIABILITY COMPANY:		
<b>PROPERTY NUMBERS Total: 5</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Serial Number:</b>	76658276	STUDENTSECURE	
<b>Serial Number:</b>	78495321	MULTINATIONAL UNDERWRITERS	
<b>Serial Number:</b>	78495350	INTERNATIONAL CITIZEN	
<b>Serial Number:</b>	78495331	MNUUI	
<b>Serial Number:</b>	77490333	IMMIGRANTSECURE	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	(317)262-2140		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
<b>Phone:</b>	317-262-2132		
<b>Email:</b>	jpadgett@hccmis.com		
<b>Correspondent Name:</b>	HCC Medical Insurance Services		
<b>Address Line 1:</b>	251 North Illinois Street, Suite 600		
<b>Address Line 4:</b>	Indianapolis, INDIANA 46204		
<b>NAME OF SUBMITTER:</b>	Jon Padgett		

OP \$140.00 76658276

Signature:	/Jon Padgett/
Date:	11/09/2009
Total Attachments: 4 source=1931_001#page1.tif source=1931_001#page2.tif source=1931_001#page3.tif source=1931_001#page4.tif	

United States of America  
State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS  
Division of Corporate & Consumer Services

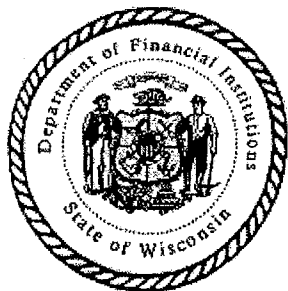
To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Deputy Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions, do hereby certify that

**HCC MEDICAL INSURANCE SERVICES, LLC**

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is August 10, 2005.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on April 28, 2009.

A handwritten signature in black ink, appearing to read "Ray Allen".

RAY ALLEN, Deputy Administrator  
Division Of Corporate & Consumer Services  
Department of Financial Institutions

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Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.

DFI/Corp/33

**To validate the authenticity of this certificate**

Visit this web address: <http://www.wdfi.org/apps/ccs/verify/>

Enter this code: **65381-BA02979B**

**TRADEMARK**  
**REEL: 004092 FRAME: 0856**

**RECEIVED**

APR 24 2009

Sec. 183.0203  
Wis. Stats.

**WISCONSIN**  
**DFI**

State of Wisconsin  
Department of Financial Institutions  
Division of Corporate and Consumer Services



**ARTICLES OF AMENDMENT - LIMITED LIABILITY COMPANY**

Note: Articles of Amendment cannot be filed to add or remove members, managers or owners of the limited liability company. Member and manager information should be listed in the company's operating agreement. The operating agreement is not filed with the Department of Financial Institutions.

A. The present limited liability company name (prior to any change effected by this amendment) is:

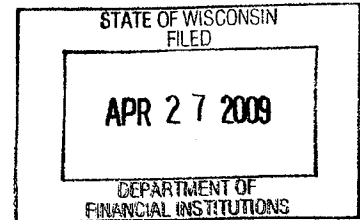
MULTINATIONAL UNDERWRITERS, LLC

(Enter Limited Liability Company Name)

Text of Amendment (Refer to the existing articles of organization and the instructions on the reverse of this form. Determine those items to be changed and enter the number identifying the paragraph in the articles of organization being changed and how the amended paragraph is to read.)

RESOLVED, THAT the articles of organization be amended as follows:

Article 1. The name of the limited liability company:  
HCC Medical Insurance Services, LLC



B. Amendment(s) to the articles of organization was adopted by the vote required by sec. 183.0404(2), Wis. Stats.

C. Executed on April 24, 2009  
(Date)

[Signature]  
(Signature)

Title:  Member OR  Manager

(Select and mark (X) the appropriate title) Edward H. Ellis, Jr.  
(Printed name)

This document was drafted by Debra M. Green - dgreen@hcc.com  
(Name the individual who drafted the document)

**FILING FEE - \$40.00**  
DFI/CORP/504(R09-05)

**RECEIVED**

APR 24 2009

Sec. 183.0203  
Wis. Stats.

**WISCONSIN**  
**DFI**

State of Wisconsin  
Department of Financial Institutions  
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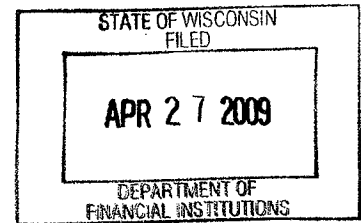
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(Enter Limited Liability Company Name)

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[Signature]  
(Signature)

Title:  Member OR  Manager

(Select and mark (X) the appropriate title) Edward H. Ellis, Jr.  
(Printed name)

This document was drafted by Debra M. Green - dgreen@hcc.com  
(Name the individual who drafted the document)

**FILING FEE - \$40.00**  
DFI/CORP/504(R09-05)

ARTICLES OF AMENDMENT – Limited Liability Company

Debra M. Green,  
c/o HCC Service Company  
13403 Northwest Freeway  
Houston, TX 77040

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▲ Enter your return address within the bracket above.

DANE COUNTY TITLE COMPANY  
901 S. WHITNEY WAY  
MADISON, WI 53711

Phone number during the day: ( 713 ) 690 - 7300, x675

**INSTRUCTIONS** (Ref. sec. 183.0203 Wis. Stats. for document content)

<p>Submit one original and one exact copy along with the required filing fee of \$40.00 to the address listed below. Make checks payable to the "Department of Financial Institutions". Filing fee is non-refundable. Sign the document manually or otherwise allowed under sec. 183.0107(1g)(c).</p>		
<p><b>Mailing Address:</b> Department of Financial Institutions Division of Corporate &amp; Consumer Services P.O. Box 7846 Madison WI 53707-7846</p>	<p><b>Physical Address for Express Mail:</b> Department of Financial Institutions Division of Corporate &amp; Consumer Services 345 W. Washington Ave – 3<sup>rd</sup> Fl. Madison WI 53703</p>	<p>Phone: 608-261-7577 FAX: 608-267-6813 TTY: 608-266-8818</p>

**NOTICE:** This form may be used to accomplish a filing required or permitted by statute to be made with the department. Information requested may be used for secondary purposes. This document can be made available in alternate formats upon request to qualifying individuals with disabilities.

A. State the name of the limited liability company (before any change effected by this amendment) and the text of the amendment(s). The text should recite the resolution adopted (e.g., "Resolved, that Article 1 of the articles of organization be amended to read: . . . . . (enter the amended article).

An amendment may change or add only those provisions that are required under sec. 183.0202, Wis. Stats., to be included in articles of organization. If the amendment changes the name of the limited liability company, the new name must contain the words "limited liability company", or "limited liability co." or end with the abbreviation "L.L.C." or "LLC".

B. This statement is required by sec. 183.0203(2)(c).

C. Enter the date of execution and the name and title of the person signing the document. The document must be signed by one of the following: A member of the limited liability company, if management is vested in the members, or a manager if management is vested in one or more managers. Select and mark (X) the appropriate choice in item C.

If the document is executed in Wisconsin, sec. 182.01(3) provides that it shall not be filed unless the name of the person (individual) who drafted it is printed, typewritten or stamped thereon in a legible manner. If the document is not executed in Wisconsin, enter that remark.

DFI/CORP/504I(R09-05)