

CT Corp. System
3810 Carew Tower 440 West
Cinn. Ohio 45202



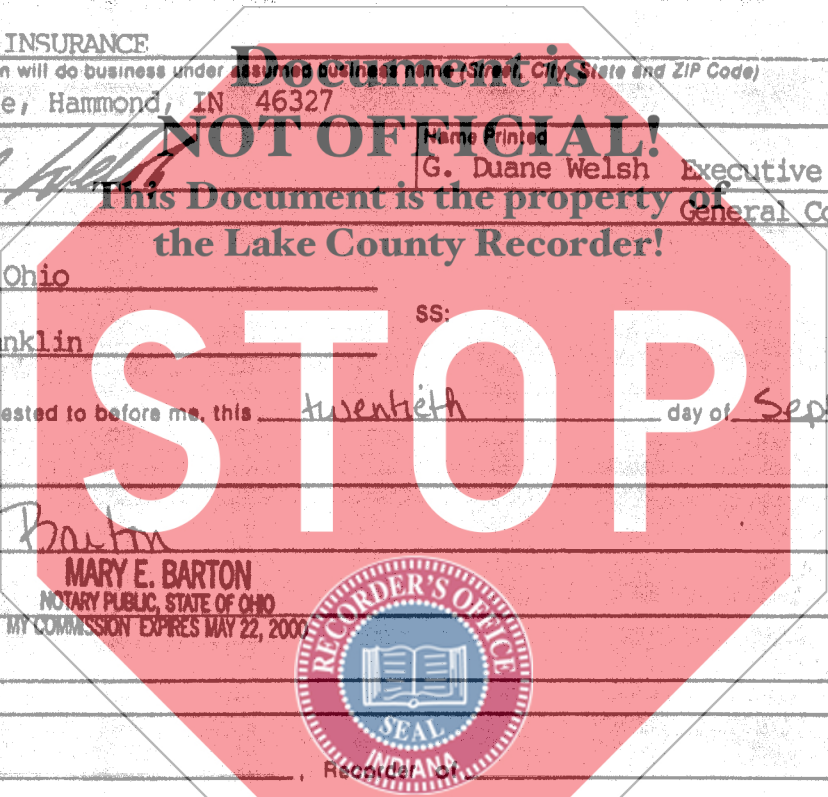
CERTIFICATE OF ASSUMED BUSINESS NAME
State Form 30363 (R4 / 3-87)
Approved by State Board of Accounts 1987

Provided by: **EVAN BAYH**
Secretary of State of Indiana
155 State House
Indianapolis, Indiana 46204
(317) 232-6576

INSTRUCTIONS: (CORPORATIONS ONLY)
This certificate must first be recorded in the office of County Recorder of each county in which a place of business or office is located. A copy of the certificate, certified by the County Recorder, must be filed with the Secretary of State. Indiana Code 23-15-1-1

Fee for filing with the Secretary of State: \$30.00 or \$45.00, if a certificate issued by the Secretary of State is desired.

1. Name of Corporation AMERICAN MUTUAL SHARE INSURANCE CORPORATION	2. Date of Incorporation / Admission Now qualifying
3. Principal Office Address of the Corporation (Street, City, State and ZIP Code) 5656 Frantz Rd., Dublin, Ohio 43017	
4. Assumed Business Name(s) AMERICAN SHARE INSURANCE	
5. Address at which the Corporation will do business under assumed business name (Street, City, State and ZIP Code) 4950 Cedar Avenue, Hammond, IN 46327	
6. Signature <i>[Signature]</i>	Name Printed G. Duane Welsh Executive Vice President General Counsel



STATE OF Ohio SS:
 COUNTY OF Franklin
 Subscribed and sworn or attested to before me, this twentieth day of September
 19 95
 Notary Public *Mary E. Barton*
 My Notarial Commission Expires: **MARY E. BARTON**
 NOTARY PUBLIC, STATE OF OHIO
 MY COMMISSION EXPIRES MAY 22, 2000
 My County of Residence is: Franklin

I, _____ Recorder of _____
 State of Indiana, certify that the foregoing is a true copy of the Certificate of Assumed Business Name recorded in _____
 office on the _____ day of _____
 19 _____
 Recorder Signature

This instrument was prepared by
G. Duane Welsh, 5656 Frantz Rd., Dublin, Ohio 43017

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
95 OCT 19 AM 8:45
MARGARET E. WOODLAND
RECORDER

900
SNL
CR # 168060479 +722