P23692

(Re	equestor's Name)	
(Address)		
(Ad	ldress)	· · · · · · · · · · · · · · · · · · ·
(Cit	ty/State/Zip/Phone	e #)
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RA Ro Chy

TALLAHASSEE, FLORIDA

th 1-12-11



January 6, 2011

VIA REGULAR MAIL

Division of Corporations Florida Department of State P.O. Box 6327 Tallahassee, FL 32314

RE: Underwriters Surety, Inc.

Dear Sir or Madam:

Enclosed please find one original and one photocopy of the form to change the registered agent/office for the above captioned in your state along with our check to cover the required filing fees.

Please file with your office and return evidence to my attention at the letterhead address. If you have any questions, please contact me on our toll-free line at 800-934-2556, prior to returning the documents.

Thank you.

NN/ms

Encl.

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

1. The name of the corporation:		Underwriters Surety Inc
	6th Street, Suite #202 Indiana	
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification: 4/3/89	Document number: P23692
5. The name and		gistered agent and registered office on file with the
	CT Corporation System	Por A Marie Control of the Control o
	1200 S. Pine Island Roa	
	Plantation, FL 33324	SSECONDAIN PARTY OF THE PROPERTY OF THE PROPER
6. The name and (if changed):	d street address of the new regist	tered agent (if changed) and /or registered office
	NRAI Services, Inc.	
	2731 Executive Park	
	Weston, FL 33331	
The street addre	ess of its registered office and to be identical.	he street address of the business office of its registered agent,
Such change wa	as authorized by resolution dul-	y adopted by its board of directors or by an officer so s been notified in writing of the change.
225	ure of an officer or director)	Paul J. Longstreth, Chief Financial Officer (Printed or typed name and title)
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as registered to comply with the provisions of ad I am familiar with and accep ing filed merely to reflect a cha s been notified in writing of this	agent and agree to act in this capacity. If all statutes relative to the proper and complete performance If the obligation of my position as registered agent. Or, if this Inge in the registered office address, I hereby confirm that the Is change.
/ Wy (Sig	gnature of Registered Agent)	
If signing on bel	chalf of an entity:	,
Norine Nage	el, Assistant Secretary	
	Funed at Printed Name)	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

* * * FILING FEE: \$35.00 * * *