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(((H23000226563 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (954)208-0845 Fax Number : (614)573-3996

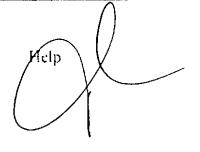
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Fmail	Address:	
ring TT		

## REGISTERED AGENT CHANGE BEAZLEY INSURANCE COMPANY, INC.

Certificate of Status	0
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	provisions of sections 607 0502, 617.05 ange is submitted for a corporation orga er to change its registered office or regis	mized under the laws of the State of $\_$	Соппес			
1. The name of	the corporation: BEAZLEY INSU	JRANCE COMPANY, INC.				
	office address: 30 BATTERSON PA	RK ROAD, FARMINGTON, CT	06032			
3. The mailing a	address (if different):					
4. Date of incor	poration/qualification: 06/09/1980	Document number: 846169				
	d street address of the current registered riment of State: (If resigned, enterresign		h the			
	CHIEF FINANCIAL OF	FICER				
	200 E. GAINES ST			2		
	TALLAHASSEE, FL 32399-0000			ال 023		
6. The name and (ifchanged):	d street address of the new registered ag	ent (if changed) and /or registered offic	ce?	2023 JUN 26		
	C T Corporation System			AH 10: 55		
	1200 South Pine Island Road		<u> 7</u> 27	<b>∵</b>		
	P.O. Box NOT acceptable Plantation, Florida 33324					
The street addr	ess of its registered office and the stree I be identical.	at address of the business office of its	registere	ed agent,		
Such change wanthorized by the	as authorized by resolution duly adopte he board, or the corporation has been n	ed by its board of directors or by an o otified in writing of the change.	ifficer so	ı		
Oen	ix: Bell	Denise Bell, Secretar	Denise Bell, Secretary			
Signati	ire of an officer or director	Printed or typed name and title	:			
l further agrée of my duties, ar document is he corporation ha	t the appointment as registered agent a to comply with the provisions of all sta nd I am familiar with and accept the ob ing filed merely to reflect a change in t s been notified in writing of this chang.	nd agree to act in this capacity. states relative to the proper and comp digation of my position as registered he registered affice address, I hereby e.	olete perj agent. ( Confirm	formance Or, if this withat the		
CT Corporation	n System Dervice Bell	06/26/2023				
Sig	mature of Registered Agent	Date				
If signing on be	chalf of an entity:					
Den	ise Bell, Assistant Secretary					
i i	yped or Printed Name					
	* * * FILING F	EE: \$35.00 * * *				

Make CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)

By: