


858047

Requestor's Name _____

 **Frontier**

FRONTIER INSURANCE COMPANY
195 Lake Louise Marie Road
Rock Hill, New York 12775-8000

C _____

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #) 800002888338--9
-05/27/99--01052--002
*****35.00 *****35.00
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

- ☐ Walk in
 ☐ Pick up time _____
 ☐ Certified Copy
☐ Mail out
 ☐ Will wait
 ☐ Photocopy
 ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

*ROA Change
6-29-99
845*

99 JUN 28 PM 12:09
 TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 3, 1999

FRONTIER INSURANCE COMPANY
195 LAKE LOUISE MARIE ROAD
ROCK HILL, NY 12775-8000

SUBJECT: FRONTIER INSURANCE COMPANY
Ref. Number: 858047

FILED
99 JUN 28 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for FRONTIER INSURANCE COMPANY and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6957.

Doug Spitler
Document Specialist

Letter Number: 499A00030264

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of New York submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: Frontier Insurance Company

2. The mailing address of the corporation is: 195 Lake Louise Marie Road
Rock Hill, New York 12775

3. Date of incorporation/qualification: 11/2/62 Document number: _____

4. The name and address of the current registered agent and office:

Hilda Jordan

4373 Lake Woodbourne Street

Jacksonville, FL 32217

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

Robert Rubin, Law Offices of Robert I. Rubin

6360 NW Fifth Way, Suite 303

Fort Lauderdale, FL 33309

1-800-708-0588

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19 JUN 28 PM 12:09
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Jeanne McKean
(Signature of an officer, chairman or vice chairman of the board)

6/11/99
(Date)

Jeanne McKean, Asst. Vice President
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

[Signature]
(Signature of Registered Agent)

6-21-99
(Date)

If signing on behalf of an entity:

Robert I. Rubin
(Typed or Printed Name)

Attorney
(Capacity)

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