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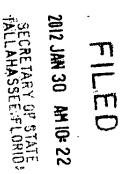
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R-A. Chg. C.COULLIETTE

FEB 02 2012

EXAMINER

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Mesa Underwriters Specialty Insurance Company Name of Corporation				
DOCUMENT NUMBER: F0000001842				
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
June Stracener Name of Contact Person				
Mitchell Williams Law Firm Firm/Company				
5414 Pinnacle Point Drive, Suite 500 Address				
Rogers, AR 72758 City/State and Zip Code				
michael.lanza@selective.com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
June Stracener at (479) 464-5668 Name of Contact Person Area Code & Daytime Telephone Number				
Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the Department of State.				

Mailing Address: Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Street Address: Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

CR2E045 (8/05)

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Flo ange is submitted for a corporation organized under the laws of the Stat er to change its registered office or registered agent, or both, in the Stat	e of New Jersey
	the corporation: Mesa Underwriters Specialty Insura office address: 6263 N. Scottsdale Road, Suite 300, Scotts	
3. The mailing a	address (if different): 40 Wantage Avenue, Branchville, New	Jersey 07890
4. Date of incorp	poration/qualification: April 3, 2000 Document number:	F0000001842
	d street address of the current registered agent and registered office on firtment of State: (If resigned, enter resigned)	ile with the
	NRAI Services, Inc.	F = 0 E
	515 E. Park Avenue	FILEI RECRETARSE
	Tallahassee, FL 32301	30 S
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered	
	Corporation Service Company	5 2
	1201 Hays Street	
	P.O. Box NOT acceptable	
	Tallahassee, Florida 32301	
The street addre as changed will	ess of its registered office and the street address of the business office be identical.	e of its registered agent,
Hucha	as authorized by resolution duly adopted by its board of directors or the borne, or the corporation has been notified in writing of the change the or an other of director. Executive Vice Presite of an other of director Printed or typed name	by an officer so e. <u>dent & Corporate S</u> ecretary
I hereby accept I further agree to of my duties, an	the appointment as registered agent and agree to act in this capacit to comply with the provisions of all statutes relative to the proper an ad I am familiar with and accept the obligation of my position as regi- ing filed merely to reflect a change in the registered office address, I s been natified in writing of this change.	y. d complete performance istered agent. Or. if this
Aulia	nature of Registered Agent Date	0/2
If signing on be	ehalf of an entity: N Sorvice Company, Riche da Jackson yped or Printed Name * * * FILLING FFF: \$35.00 * * *	4

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