F12000002625

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000111179 3)))

H12000111179 3ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

12 APR 24 AM 11:4

FILED

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

Email Address: _____

REGISTERED AGENT CHANGE
RIVERPORT INSURANCE COMPANY

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$35.00

RECEIVED
12 APR 24 AM 8:08
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

04/26/12

COVER LETTER

TO: *Amendment Section*
Division of Corporations

SUBJECT: RIVERPORT INSURANCE COMPANY
Name of Corporation

DOCUMENT NUMBER: F02000002625

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:

Ed Gerber
Name of Contact Person

Riverport Insurance Company
Firm/Company

222 South Ninth Street, Suite 1300
Address

Minneapolis, Minnesota 55402-3332
City/State and Zip Code

egerber@riverportinsurance.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ed Gerber at (612) 766.3265
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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (8/05)

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, this statement of change is submitted for a corporation organized under the laws of the State of MN *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: RIVERPORT INSURANCE COMPANY

2. The principal office address: 222 South Ninth Street, Suite 1300, Minneapolis, MN 55402

3. The mailing address (if different):

4. Date of incorporation/qualification: 05/14/2002 Document number: F02000002625

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE FL 32301-2525

12 APR 24 AM 11:41

FILED

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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, or the corporation has been notified in writing of the change.

Jeanne Nelson

Signature of an officer or director

Jeanne Nelson, Secretary

Typed or typed name and title

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: C T Corporation System

Signature of Registered Agent

4/24/12

Date

If signing on behalf of an entity:

Michele Miller

Typed or Printed Name

Assistant Secretary

* * * FILING FEE: $35.00 * * *

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

CR2E045 (8/05)

FL006 - 07/23/2009 C T System Online