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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

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

Email Address:

REGISTERED AGENT CHANGE

≦ÆNCOMPASS INSURANCE COMPANY OF AMERICA

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9/6/2012

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T. ROBERTS 609EE9998

#### **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBTREET, Encompass Insurance Company of America

Name of Corporation

DOCUMENT NUMBER:

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:

Emily A. Renfro

Name of Contact Person

Allstate insurance Company

Firm/Company

2775 Sanders Road

Address

Northbrook, IL 60062

City/State and Zip Code

emily.renfro@allstate.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Emily A. Renfro

..847

402-2170

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 (03/12)

# 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 Minole in order to change its registered office or registered agent, or both, in the State of Florida.	
F	
077E Condon Book	
2. The principal office address: 2775 Sanders Road  Northbrook, IL 60062	
3. The mailing address (if different): 3075 Sanders Road, H1A	
Northbrook, IL 60062	
4. Date of incorporation/qualification: $8 - 01 - 02$ Document number: F0200003929	
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)	
Chief Financial Officer of the State of Florida	
PO Box 6200, 200 East Gaines Street	
Tallahassee, FL 32399	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
CT Corporation System	
1200 South Pine Island Road	
P.O. Box NOT acceptable	
Plantation, FL 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.	
Jennifer M. Hager, Assistant Secretary	
Signification of the comment as registered agent and agree to act in this capacity.  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.	
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.	
Signature of Registered Ayuft	
If signing on behalf of an entity:	_
Assistant Soundary Robotta Barib	
Typed or Printed Name	
* * * 1997 Tat/~ 1998 DA * + +	

PAGE 03/03

CR26045 (03/12)

Make checks payable to Florida Department of State Mail 10: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

#### Tadlock, Brenda

From:

Tadlock, Brenda

Sent: To: Tuesday, August 21, 2012 11:20 AM 'LCIRRINC@ALLSTATE.COM'

Subject:

ENCOMPASS INSURANCE COMPANY OF AMERICA (F02000003929)

#### To Whom It May Concern:

We have just been informed that that ENCOMPASS INSURANCE COMPANY OF AMERICA is not authorized by statute to designate the Chief Financial Officer of the State of Florida as its registered agent on the records of the Florida Department of State. Therefore, the company must submit a STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS along with a filing fee of \$35 to change the registered agent and registered office on the records of this office.

You may download the appropriate form and instructions by clicking on the following link:

#### http://form.sunbiz.org/pdf/cr2e045.pdf

Please return the completed form along with a check made payable to the Florida Department of State for \$35 to my "personal and confidential" attention. My address is as follows:

Brenda L. Tadlock
"PERSONAL AND CONFIDENTIAL"
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Please return the completed form and check on or before October 31, 2012. Failure to return the completed form and fee on or before October 31, 2012, will result in the administrative revocation of the company's certificate of authority to transact business in Florida for its failure to properly maintain a registered agent and registered office on the records of the Florida Department of State.

Please do not hesitate to contact me should you have any questions concerning this matter.

Sincerely,

# Brenda L. Tadlock

Brenda L. Tadlock
Bureau of Commercial Recording
Division of Corporations

Telephone: (850) 245-6900

Fax: (850) 245-6013

Email: Brenda. Tadlock@DOS. MyFlorida.com

#### Tadlock, Brenda

From:

Edenfield, Pam <Pam.Edenfield@myfloridacfo.com>

Sent:

Thursday, August 16, 2012 2:48 PM

To:

Tadlock, Brenda

Subject:

DFS SHOULD NOT BE REGISTERED AGENT

To:

BRENDA TADLOCK

DIVISION OF CORPORATIONS FLORIDA SECRETARY OF STATE

#### KAREN,

THE COMPANY SHOWN BELOW IS <u>NOT</u> AUTHORIZED BY STATUTE TO DESIGNATE THE CHIEF FINANCIAL OFFICER OF THE STATE OF FLORIDA AS THEIR REGISTERED AGENT AND THEREFORE WE DO NOT ACCEPT THE RESPONSIBILITY. PLEASE NOTIFY THEM TO FILE A CHANGE OF R.A. WITH YOUR OFFICE AS SOON AS POSSIBLE. THANKS FOR YOUR HELP!

#### **ENCOMPASS INSURANCE COMPANY OF AMERICA**

### Filing Information

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**Date Filed** 

08/01/2002

State

IL

**Status** 

**ACTIVE** 

## Pam Edenfield

Service of Process Supervisor Division of Legal Services Department of Financial Services 850-413-4102 Phone 850-922-2544 Fax