

F03000005597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

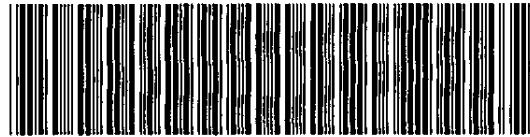
(Business Entity Name)

(Document Number)

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Change

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2011 JUN 20 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DR
6/21/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AMERICAN SENTINEL INSURANCE COMPANY
Name of Corporation

DOCUMENT NUMBER: F03000005597

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:

Becky Liddick
Name of Contact Person

American Sentinel Insurance Company
Firm/Company

PO Box 61140
Address

Harrisburg, PA 17106
City/State and Zip Code

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

For further information concerning this matter, please call:

Becky Liddick at (800) 692-7338
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

**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 PA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: AMERICAN SENTINEL INSURANCE COMPANY

2. The principal office address: 2407 PARK DRIVE
HARRISBURG PA 17110

3. The mailing address (if different): P.O. BOX 61140
HARRISBURG PA 17106-1140

4. Date of incorporation/qualification: 11/06/2003 Document number: F03000005597

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)

HOWARTH, D E PRESIDE

2731 EXECUTIVE PARK DRIVE, Suite 4

WESTON FL 33331

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

NRAI Services, Inc.

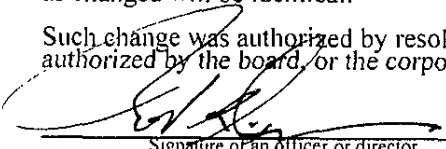
515 East Park Avenue

P.O. Box NOT acceptable

Tallahassee, FL 32301

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.


Signature of an officer or director

Ronald K. Thomas, Treasurer

Printed 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.

NRAI Services, Inc.

by: 

Signature of Registered Agent

Wendy D Rea, Assistant Secretary

6/14/2011
Date

If signing on behalf of an entity:

Wendy Rea

Typed or Printed Name

*** * * 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)

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