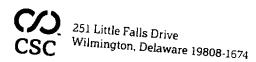
## F040000282

(Re	questor's Name)	
— (Ad	dress)	<del></del>
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Ďc	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only





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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: July 25, 2017

Order#: 731609-006

Re: PROPERTY CASUALTY INSURERS ASSOCIATION OF AMERICA

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	provisions of sections 607.0 inge is submitted for a corpo ir to change its registered of	oration organized una	ler the la	nvs of the	State of	IL.	his
1. The name of t	he corporation: PROPERTY	CASUALTY INSUREF	RS ASSC	CIATION	OF AME	RICA COF	RPORATION
2. The principal	office address: Bryn Mawr Avenue Chicago		<del></del>				
3. The mailing a	ddress (if different):	,					
4. Date of incorp	poration/qualification: 05/24	4/2004 Do	ocument	number:	F04000	002862	
	I street address of the curren tment of State: (If resigned,	~	register	ed office	on file w	vith the	
	Logan McFaddin					_	
	215 SOUTH MONROE ST	REET					
	Tallahassee		FL	32302		-	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered file						Ťij.
	Corporation Service Comp	oany 			AR AR AR	27	
	P.O. Box NOT acceptable						
	Tallahassee	187 Par 1897 deceptaine	FL	32301		કેં	TE N
The street addre as changed will	ss of its registered office as be identical.	nd the street address (	of the bu	isiness of	Tice of it		ed agent.
Such change wa authorized by th	s authorized by resolution e e board, or the corporation	duly adopted by its be has been notified in	oard of e	directors of the cha	or by an inge.	officer so	
· et	Court re of an officer of director	Jill Ciln	Jill Cilmi, Vice President				
I herchy accept I further agree t performance of agent. Or, if thi hereby confirm	the appointment as register of comply with the provision my duties, and I am familia is document is being filed muthat the corporation has be n Service Company	ns of all statutes rela ir with and accept the ierely to reflect a cha	o act in tive to the obliga-	this capa he proper tion of my he registe	city, and con position	nplete n as regist	ered ; I
By: Jy	nature of Registered Agent	07/25/	2017	Date			<del></del>
-	half of an entity:	\		sout.			
	Asst. Vice President						
	ned or Printed Name						

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

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