

F05 000000 164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

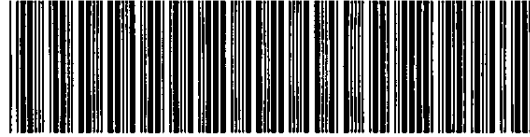
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 19 2016

C. CARROTHERS



First Nonprofit Insurance Company
An AmTrust Financial Company

February 18, 2016

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Via FedEx Overnight

RE: Change of Registered Agent
First Nonprofit Insurance Company
Document number F05000000164

To Whom It May Concern:

Enclosed please find a Statement of Change of Registered Agent for First Nonprofit Insurance Company along with a check in the amount of \$35.00 for the filing fee.

Should you have any questions, please feel free to contact me at (216) 643-8664 or via email at Gail.Miller@amtrustgroup.com.

Thank you for your assistance in this matter.

Sincerely,

Gail A. Miller
Paralegal

Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: First Nonprofit Insurance Company

Name of Corporation

DOCUMENT NUMBER: F05000000164

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:

Gail Miller

Name of Contact Person

AmTrust North America, Inc.

Firm/Company

800 Superior Avenue E., 21st Floor

Address

Cleveland, Ohio 44114

City/State and Zip Code

regulatorycompliance@amtrustgroup.com

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

For further information concerning this matter, please call:

Gail Miller

216

643-8664

at ()

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

1. The name of the corporation: First Nonprofit Insurance Company

2. The principal office address: 1 South Wacker Drive, Suite 2380, Chicago, IL 60606

3. The mailing address (if different): _____

4. Date of incorporation/qualification: Qualified 1/11/2005 Document number: F05000000164

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)

Phillip Merriman (resigned)

1335 Saxony Circle, Apt. #315

Punta Gorda

FL 33983

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

Chief Financial Officer

200 E. Gaines St.

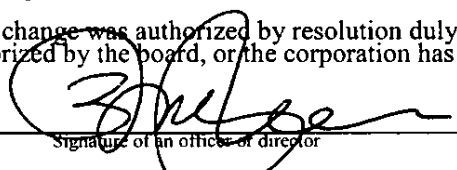
P.O. Box NOT acceptable

Tallahassee

FL 32399

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



Signature of an officer or director

Barry Moses

VP & Asst. Sec.

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.

By: _____
Signature of Registered Agent

Date

2/18/2016

If signing on behalf of an entity:

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 (03/12)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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