

F06000004081

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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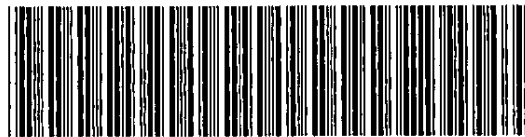
(Business Entity Name)

(Document Number)

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AUG 14 2009

EXAMINER



CORPORATION SERVICE COMPANY'

ACCOUNT NO. : I20000000195

REFERENCE : 091340 7715846

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : August 10, 2009

ORDER TIME : 9:06 AM

ORDER NO. : 091340-002

CUSTOMER NO: 7715846

CHANGE OF AGENT

NAME: AMERICAN REPUBLIC CORP
INSURANCE COMPANY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Matthew Young

EXAMINER'S INITIALS: _____

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

1. The name of the corporation: AMERICAN REPUBLIC CORP INSURANCE COMPANY

2. The principal office address: 11808 GRANT ST.
OMAHA, NE 68164

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 6/12/06 Document number: F060000004081

5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

CT Corporation System

1200 South Pine Island Road

Plantation, FL 33324

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

Corporation Service Company

1201 Hays Street

(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.

Maureen Cullen
(Signature of an officer or director)

Maureen Cullen, Attorney In Fact

(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.*

Corporation Service Company

By: Sylvia Queppet
(Signature of Registered Agent)

8/11/09

(Date)

If signing on behalf of an entity:

Sylvia Queppet, Assistant V. P.

(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

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