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FLORIDA FILING & SEARCH

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Florida Department of State
Division of Corporations
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REGISTERED AGENT CHANGE
RELIANT INSURANCE COMPANY LIMITED

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$35.00

[Handwritten signature]
 2/17/12

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Corporate Filing Menu

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

- The name of the corporation: RELIANT INSURANCE COMPANY LIMITED
- The principal office address: 4165 120TH ST
DES MOINES, IA 50323
- The mailing address (if different): _____
- Date of incorporation/qualification: May 12, 2010 Document number: F10000002243
- 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)

CT Corporation System1200 South Pine Island RoadPlantation, Florida 33324

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

National Corporate Research, Ltd., Inc.155 Office Plaza Drive,

P.O. Box NOT acceptable

Tallahassee, Florida 32301

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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]
 Signature of an officer or director

Lucy Dawson, Power of Attorney
 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.

[Signature]
 Signature of Registered Agent

2/16/2012
 Date

If signing on behalf of an entity:

Mark Thomas, Assistant Secretary

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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