

F10000005347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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C. CARROTHERS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 30, 2015

TRUMEN TOWNZEN
NORCAL MUTUAL INSURANCE COMPANY
560 DAVIS STREET STE 200
SAN FRANCISCO, CA 94111

SUBJECT: MEDICUS INSURANCE COMPANY
Ref. Number: F10000005347

We have received your document for MEDICUS INSURANCE COMPANY and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

THE REGISTERED AGENT MUST HAVE A PHYSICAL ADDRESS IN FLORIDA.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Cathy A Carrothers
Regulatory Specialist

Letter Number: 415A00023026

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Medicus Insurance Company
Name of Corporation

DOCUMENT NUMBER: F10000005347

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:

Truman Townzen

Name of Contact Person

NORCAL Mutual Insurance Company

Firm/Company

560 Davis Street, Suite 200

Address

San Francisco, CA 94111

City/State and Zip Code

compliance@norcal-group.com

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

For further information concerning this matter, please call:

Truman Townzen

Name of Contact Person

at (415) 735-2381

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

1. The name of the corporation: Medicus Insurance Company
2. The principal office address: 6034 West Courtyard Drive, Suite 310, Austin, TX 78730
3. The mailing address (if different): 560 Davis Street, Suite 200, San Francisco, CA 94111
4. Date of incorporation/qualification: 09/28/2006 Document number: F10000005347

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)

Michael Roque

586 Corrigan Woods Trail

Oviedo, FL 32765

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

CT Corporation System

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, FL 33324

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

Kara Ricci, SVP, CLO & Corporate Secretary
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 of Registered Agent

11/11/06
Date

If signing on behalf of an entity:

Angel Nunez
Assistant Secretary
Typed or Printed Name

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