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REGISTERED AGENI MILFORD CASUALTY INSUR		r RARCKINS
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February 2, 2022

FLORIDA DEPARTMENT OF STATE

Division of Corporations B00 SUPERIOR AVENUE E. 21ST FLOOR CLEVELAND, OH 44114

SUBJECT: MILFORD CASUALTY INSURANCE COMPANY REF: F13000004497

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The cover page says RA resignation but document is RA cgange

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.

Yasemin Y Sulker Regulatory Specialist III FAX Aud. #: E22000036143 Letter Number: 022A00002644

P.O BOX 6327 - Tallabassee, Florida 32314

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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 <u>Delaware</u> in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MILFORD CASUALTY INSURANCE COMPANY

2. The principal office address: 4455 LBJ FREEWAY SUITE 700

DALLAS, TX 75244

3. The mailing address (if different): ____

4. Date of incorporation/qualification: 10/11/2013 Document number: F13000004497

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)

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE, FL 32301

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

United Agent Group Inc.

801 US Highway 1

P.O. Box NOT acceptable

North Palm Beach, FL 33408

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 baard, or the corporation has been notified in writing of the change.

Erin Saville, Attorney-In-Fact

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.

ensure of Registered Agent

If signing on behalf of an entity:

Erin Saville, Special 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 CR2E045 (04/13)

1/27/2022

Date