

F14 000003514

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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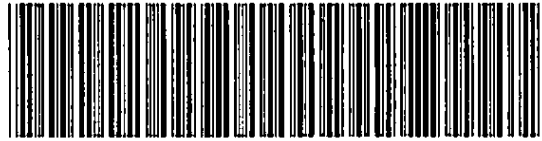
(Business Entity Name)

(Document Number)

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STATE OF FL

of 3/2/2023

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Title Industry Assurance Company, Risk Retention Group
Name of Corporation

DOCUMENT NUMBER: F14000003514

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:

Paula French

Name of Contact Person

Title Industry Assurance Company, Risk Retention Group

Firm/Company

76 St. Paul Street, Suite 500

Address

Burlington, VT 05401

City/State and Zip Code

paula.french@aon.com

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

For further information concerning this matter, please call:

Paula French

Name of Contact Person

at (802) 264-4594

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

1. The name of the corporation: Title Industry Assurance Company, Risk Retention Group
2. The principal office address: 76 St. Paul Street, Suite 500, Burlington, VT 05401
3. The mailing address (if different): Same as above
4. Date of incorporation/qualification: 10/16/1987 08/20/2014 Document number: F14000003514
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)

Resigned

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

Tina Luque

1001 Brickell Bay Drive, Suite 1000

P.O. Box NOT acceptable

Miami, FL 33131

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.

Nancy Gray
Signature of an officer or director

Nancy Gray, Executive Vice President, Treasurer

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.

Tina Luque
Signature of Registered Agent

11-10-22
Date

If signing on behalf of an entity:

TINA LUQUE
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)