

F18000003881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

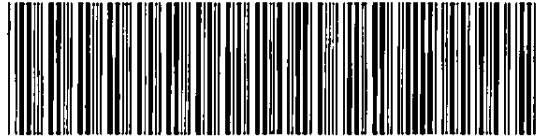
(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: CM Regent Insurance Company

Name of Corporation

DOCUMENT NUMBER: F18000003881

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cynthia M. Brandt

Name of Contact Person

Church Mutual Insurance Company, S.I.

Firm/Company

3000 Schuster Lane

Address

Merrill, WI 54452

City/State and Zip Code

cbrandt@churchmutual.com

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

For further information concerning this matter, please call:

Cynthia M. Brandt

at (715) 539-4925

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy | <input checked="" type="checkbox"/> \$52.50 Filing Fee, Certificate of Status & Certified Copy |
|--|---|--|--|

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

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F18000003881

(Document number of corporation (if known))

1. CM Regent Insurance Company

(Name of corporation as it appears on the records of the Department of State)

2. Pennsylvania

(Incorporated under laws of)

3. August 15, 2018

(Date authorized to do business in Florida)

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SECRETARY
TALLAHASSEE

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SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? No change

5. No change

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

No change

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

Wisconsin

(New jurisdiction)

New statutory address: 3000
Schuster Lane, Merrill, WI 54452
Physical principal company
address remains 300 Sterling
Parkway, Suite 100.
Mechanicsburg, PA 17050

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent No change

(Florida street address)

New Registered Office Address: No change

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

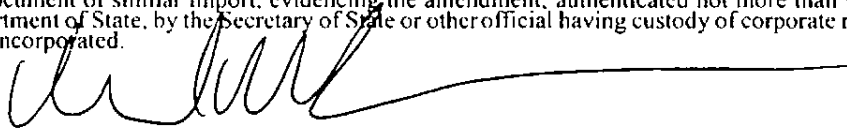
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	No change		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Michael M. Smith

(Typed or printed name of person signing)

Senior Vice President-Secretary & General Counsel

(Title of person signing)

FILING FEE \$35.00



Wisconsin Office of the
**COMMISSIONER
OF INSURANCE**

Certificate of Compliance

As of This Date: **January 04, 2023**

As Commissioner of Insurance of the State of Wisconsin I have supervision of insurance business and as such hereby certify that:

CM Regent Insurance Company

Domicile State: Wisconsin

Is duly authorized to transact the business of:

Automobile
Disability Insurance
Fidelity Insurance
Fire, Inland Marine and Other Property Insurance
Liability and Incidental Medical Expense Insurance (other than automobile)
Miscellaneous
Ocean Marine Insurance
Surety Insurance
Workers Compensation Insurance

IN TESTIMONY WHEREOF, I have hereunto set my hand.

Commissioner of Insurance