

F94000000980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

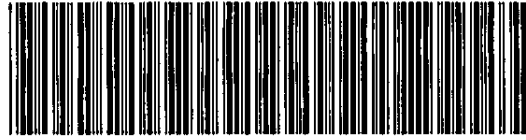
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 18 2015
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[Signature]



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 11, 2015

BAY STATE CORPORATE SERVICES, INC.
SIX BEACON ST STE 510
BOSTON, MA 02108

SUBJECT: ATLANTIC CASUALTY INSURANCE COMPANY
Ref. Number: F94000000980

We have received your document for ATLANTIC CASUALTY 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 document you sent in is not correct. This is a Foreign Coporation not an Alien Business. I am sending you the correct document to file.

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 015A00009848

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ATLANTIC CASUALTY INSURANCE COMPANY

Name of Corporation

DOCUMENT NUMBER: F94000000980

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:

Bob Wiktozak

Name of Contact Person

Bay State Corporate Services, Inc.

Firm/Company

6 Beacon Street, Suite 510

Address

Boston, MA 02108

City/State and Zip Code

LHunter@StricklandInsGroup.com

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

For further information concerning this matter, please call:

Bob Wiktozak

617 742-8484

Name of Contact Person

at () 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

CR2E045 (03/12)

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

1. The name of the corporation: ATLANTIC CASUALTY INSURANCE COMPANY
2. The principal office address: 400 COMMERCE COURT, GOLDSBORO, NC 27534
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/28/1994 Document number: F94000000980
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)

CRUKSHANK, DAVID C.

4730 STATE ROAD 64 EAST

BRADENTON, FL 34208

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

NRAI Services, Inc.

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

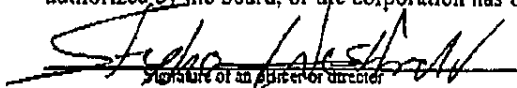
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAY 18 AM 7:19

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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

Stephen M. Westfield, 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.

By: NRAI Services, Inc.

Signature of Registered Agent

5-18-15
Date

If signing on behalf of an entity:

William L. DeNapoli

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 (03/12)