

F96000005959

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**REGISTERED AGENT CHANGE
MADISON INSURANCE COMPANY**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

RECEIVED**13 MAR 21 AM 8:11**

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED**13 MAR 21 PM 1:40***MAC*

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Madison Insurance Company

Name of Corporation

DOCUMENT NUMBER: F96000005959

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:

Maria E. Todd

Name of Contact Person

Madison Insurance Company

Firm/Company

One Harrison Way, Suite 115

Address

Columbia, SC 29212

City/State and Zip Code

maria.todd@accinsco.com

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

For further information concerning this matter, please call:

Maria E. Todd

803

754-2942 ext. 7480

at (

Name of Contact Person

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

CR22045 (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 South Carolina in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MADISON INSURANCE COMPANY
2. The principal office address: One Harrison Way, Suite 115 Columbia, SC 29212
3. The mailing address (if different): _____

4. Date of Incorporation/qualification: 11/14/1995 Document number: F96000005959

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)

Lisa Pratt

237 South Westmonte Dr Suite #307

Altamonte Springs FL 32714

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

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 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]
Signature of an officer or director

Michael D. Hunter/Chief Financial Officer

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 this corporation has been notified in writing of this change.

By: [Signature]
Signature of Registered Agent

3/20/13
Date

If signing on behalf of an entity:

Nathan S. Giffin Asst. 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

CR2ED45 (03/12)

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