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November 10, 2011

FLORIDA DEPARTMENT OF STATE Division of Corporations

NCMIC INSURANCE COMPANY 14001 UNIVERSITY AVENUE CLIVE, IA 50325US

SUBJECT: NCMIC INSURANCE COMPANY

REF: P00136

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Darlene Connell Regulatory Specialist II FAX Aud. #: H11000267446 Letter Number: 911A00025570

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STATEMENT OF CHANGE OF REGISTERED AGENT OR BOTH FOR CORPORATIONS

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| | | | d agent, or both, in the State | e of Florida | |
| | the corporation: NCM | | | | |
| • | office address: 14001 50325-6268 | CHARISMA WAR | NO | | |
| 3. The mailing t | eddress (if different): | · | | | |
| 4. Dete of incorp | paration/qualification; | 12/2/1983 | Document number: | P00136 | |
| 5. The name and Florida Depar | I street address of the cum timent of State: (If realigns | rout registered ages ed, onter resigned) | and registered office on fi | le with the | |
| | NIRAI, Services Inc | 1 | | | |
| | 2731 Executive Par | rk Orive, Suite | <u> </u> | <u> </u> | |
| | Weston, Ft. 33331 | | | - NO | S. ARC |
| i. The name and (if changed): | street address of the new | ग्ट्युविकाले स्टुक्ट (i | (changed) and /or registered | | 96:08G |
| | NRAI Services, In | <u>c</u> | | | |
| | 515 East Park Ave | | | 3: 4.3 | |
| | Taliahassee, Fl. 32 | P.O. Box NOT and 301 | deno. | | , |
| he street pridge cistoged will | or of its registered office be identical. | and the street add | ress of the business office | of its registered agent, | |
| uch chaige was | s suthorized by resolution to board, or the corporati | n duly adopted by | its board of directors or by | y am afficer so | |
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| | John Christel | | | | |
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