P30923

(Requestor's Name)				
(Address)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE SALLAH ASSEEL FLORIDA

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OK BORRO

PREMIER CORPORATE SERVICES, INC.

200 West Adams Street, Suite 2007 Chicago, IL 60606 (312) 346-3606 (800) 934-2556

Fax: (312) 346-3607

October 11, 2004

VIA REGULAR MAIL

Division Of Corporations Florida Department Of State 409 E. Gaines Street Tallahassee, FL 32399

RE: CG Premium Finance, Inc.
Mustang Claim Service, Inc.
Frontier General Insurance Agency, Inc.

Dear Sir or Madam:

Enclosed please find one original and one photocopy of the form to change the registered agent/office for the above captioned in your state. Also enclosed is a check for the required fee.

Please file with your office and return evidence to my attention at the letterhead address.

If you have any questions, please contact me on our toll-free line at 800-934-2556, prior to returning the documents.

Thank you.

Sincerely,

Tony Alexander

TA/smc. Encl.

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the p	provisions of sections 607.0502 , 617.0502 ,	607.1508, or 617.1508, Florida Statutes, th	is statement of
_	laws of the State of Texas	in order	
to change its reg	ristered office or registered agent, or both,	in the State of Florida.	
I. The name of t	he corporation: Frontier General Insura	ance Agency, Inc.	
2. The principal	office address: 6801 Calmont Avenue, I	Fort Worth, TX 76116	
		Y I TW TOTAL	_ .
3. The mailing a	ddress (if different): P.O. Box 230 Fort	Worth, 1A 76101	
4. Date of incorp	poration/qualification: 9/15/1988	Document number: P20923	
	I street address of the current registered ago tment of State:	ent and registered office on file with the	
	CT CORPORATION SYSTEM		
	1200 S. PINE ISLAND ROAD		
	PLANTATION FL 33324		04 OCT
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			18 PM
	NRAI Services, Inc.		STAT STAT
	526 E. Park Avenue		DA TE
	(P.O. Box or personal m	ailbox NOT acceptable)	
	Tallahassee, FL 32301		
The street addre	ess of its registered office and the street a	ddress of the business office of its registere	ed agent, as
Such change withe board, or th	as authorized by resolution duly adopted a corporation has been notified in writing	by its board of directors or by an officer so	authorized by
	Signature of an officer or director)	William E. Geer, President	e)
I hereby accept I further agree duties, and I am being filed mer been notified in NRAI Services	the appointment as registered agent and to comply with the provisions of all statun familiar with and accept the obligation ely to reflect a change in the registered of writing of this change.	l agree to act in this capacity tes relative to the proper and complete per of my position as registered agent. Or, if iffice address, I hereby confirm that the cor	formance of my
by: Man	(Signature of Registered Agent)	October //#, 2004 (Date)	
If signing on be	ehalf of an entity:		
Anthony J. Al	exander	Asst. Secretary	
(Typed or Printed Name)		(Capacity)	

* * * FILING FEE: \$35.00 * * *